



## 2011 Registration Form Volunteer Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size (please check one):

Adult:     Small     Medium     Large     OX-Large     O XX-Large

Emergency Contact: \_\_\_\_\_

Best emergency contact phone number: \_\_\_\_\_

### Medical Information

Food Allergies: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Significant Allergies: \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

I give permission to agents of High Country Health Care Systems Hospice to administer first aid and authorize emergency transport to the nearest acute care facility.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Have you experienced a recent loss? If so, please share: \_\_\_\_\_

How have you helped younger children in the past? \_\_\_\_\_

Please explain why you would like to help with Camp Sunshine:

\_\_\_\_\_

Please list any special talents/gifts/interests you have:

\_\_\_\_\_

How did you hear about Camp Sunshine? \_\_\_\_\_

### Final Camp Information

I give permission to be photographed, videotaped, or interviewed during Camp Sunshine knowing that this material may be used for Hospice promotion, education, and general Hospice usage. **(Initial) Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I \_\_\_\_\_, release High Country Health Care Hospice (employees, volunteers, directors, officers) from all liabilities, losses, cost, damages, claims, or causes of action of any kind and expenses, including attorney's fee, arising or claimed to have arisen out of any injuries or damages received or sustained by any person or persons or property as a result of intentional acts.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail your application to:

**Watauga**  
Attn: Jennifer Johnson  
136 Furman Rd. Suite 4  
Boone, NC 28607  
828-265-3926

**Ashe**  
Attn: Jennifer Richardson  
PO Box 421  
Jefferson, NC 28640  
336-264-6443

**Alleghany**  
Attn: Mary Lee  
PO Box 1287  
Sparta, NC 28675  
336-372-8010

If you have questions call your local Hospice office or visit our website: [www.highcountryhospice.org](http://www.highcountryhospice.org)