



Cypress Basin Hospice, Inc.

207 Morgan
Mt. Pleasant, TX 75455
(903)577-1510

Cypress Basin Hospice

Volunteer Application

Volunteer's full name: _____

Prefer to be called: _____

Date of Birth: _____ Circle Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Contact numbers:

Home: _____ Work: _____ Cell: _____

Email Address: _____

Which Camp? Mt. Pleasant Paris Sulphur Springs

T-Shirt Size: Adult: Small Medium Large XL XXL Other _____

How did you learn about Camp Brave Heart?

Education/Training/Volunteer work that may be relevant to Camp Brave Heart:

Are you currently involved in any personal grief work? (If yes, please explain.)

Please describe any health conditions/problems/allergies that you may have:

Do you have any physical limitations/restrictions on activities or special needs while at camp?

Do you take any physician-prescribed medication on a regular basis? Please explain:

Authorization for Emergency Medical Treatment (Signature of parent or guardian required for minors)

Should a medical emergency arise during my participation in a Camp Brave Heart activity, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility deemed most fitting to the type of illness or injury, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Parent/Guardian Signature: _____

Release of Liability

I hereby release and discharge Cypress Basin Hospice, and the church at which the Camp is held, their agents, employees, directors, volunteers and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by me, either physical or emotional, or injury to property, real or personal, whether injury is due to negligence or any other cause, which may occur during my attendance at Camp Brave Heart.

_____ **Initials**

Photo Consent Form

I hereby grant Cypress Basin Hospice permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Cypress Basin Hospice and will not be returned. I hereby irrevocably authorize Cypress Basin Hospice to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Cypress Basin Hospice's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Cypress Basin Hospice from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Confidentiality and Commitment

I understand that information shared with me by campers, volunteers, and staff of Cypress Basin Hospice, and the church at which the Camp is held, is confidential and may not be shared with others outside the Camp. I further agree that once I accept an assignment as a volunteer I will make every effort to fulfill the obligations that have been explained to me. I realize that the campers and the staff of the Camp are counting on me to support the objectives of the Camp.

I have read this Authorization, Release and Consent and agree to all of its terms.

Signature of Volunteer: _____ Date: _____

~ If volunteer is under the age of 18, the signature of a parent/guardian is required. ~

Parent/Guardian Signature: _____ Date: _____

Please return completed application to:
Cypress Basin Hospice
Attn: Volunteer Services Coordinator
207 W. Morgan Street,
Mt. Pleasant, TX 75455.

If you have any questions please call our office at 903-577-1510.