We are seeking professional volunteers to be counselors and co-counselors for our annual three day grief camp. The camp will address different developmental ages of children who have experienced the death of a sibling or parent. By committing to be a camp staff member, you are willing to stay with the children for the entire camp.

Seeking
Chaplains
Child Life Assistants
Child Life Specialists
Hospice Personnel
Pediatric Doctors and Nurses
Social Workers
University Students in Child and Health Related Fields

When To Be Determined
Where To Be Determined

For more detailed information and application packet please contact:
Dinah Evans, Coordinator of Camp Good Grief
Loma Linda University Children’s Hospital

909-558-8212
Fax 909-558-0211
Dear Prospective Applicant:

On behalf of Loma Linda University Children’s Hospital (LLUCH), thank you for your interest in volunteering for our Annual Camp Good Grief. If you choose to make the commitment, you will be required to start at 9:00 a.m. on Thursday and continue until 3:00 p.m. on Sunday. We have volunteer opportunities for individuals 21 years of age and older for camp counselors, co-counselors, or support staff.

LLUCH is bringing together professionals from different specialties including: child development specialists, child life specialists, school counselors, child development teachers, elementary and secondary teachers, social workers, youth chaplains, priests, rabbis, and clergy from all denominations, hospice personnel, play therapists, grief specialists, and university students in child and health related fields. These professionals are brought together to provide a positive camp experience for children who are dealing with the death of a sibling or parent.

Camp Good Grief offers a variety of activities in both small and large groups to create an environment of support, trust, and openness where there is no “right” or “wrong.” Our camp has educational, therapeutic and recreational activities for our campers.

There will be an in person interview in order to determine our staffing needs for this year. If you are chosen to be a counselor there will be a mandatory eight hour volunteer training session on Sunday, August 8 or 15. You may also receive resource materials for preparation. Training may include preparation time at the actual campsite. Finger printing and a background check will be required. If not an employee of Loma Linda University Medical Center, you will be required to become an official LLUCH volunteer. Professional liability may be required.

Camp Good Grief is sponsored by Loma Linda University Children’s Hospital Foundation which is a Seventh-day Adventist Institution. We would like to let you know that there is a Christian component to this camp. Our mission at LLUCH is “to make man whole”. We realize that each of us may have individual religious beliefs that define our spiritual “wholeness” and we respect each other’s diversity and differences.

Please fill out the enclosed application as soon as possible and return it to:

Dinah Evans MS, CCLS
Coordinator of Camp Good Grief
Loma Linda University Children’s Hospital, Room 2803
11234 Anderson Street
Loma Linda, CA 92354
Fax: 909-558-0211
Phone: 909-558-8212

Thank you,
Camp Good Grief Staff
Loma Linda University Children’s Hospital
Counselor Application

Date ______________________

Name ___________________________________________ Date of Birth __________

Home Address ____________________________________________

Home Phone __________________ Fax __________________________

Affiliation if any with Loma Linda University Medical Center ______________________

Place of Employment _________________________________________

Work Address________________________________________ Work Phone ______________________

Educational Background ___________________________________

References - Please include two professional and one personal reference.

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In case of emergency please contact

Name __________________________ Phone ______________________

Address ____________________________________________

In the event of an emergency I hereby authorize and consent to any medical or surgical diagnosis/treatment and or hospital service that may be rendered.

Sign __________________________ Date ______________________

Camp dates: To Be Determined

We ask volunteers to commit to a one day training session before camp.
1. Write about your philosophy of children. ____________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe experience(s) you’ve had working with children. __________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Describe how you set limits or discipline children. __________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. What contribution can you make to the children at Camp Good Grief? __________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. Describe what you feel your responsibilities as a counselor would include.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6. Why are you interested in participating as a Camp Good Grief counselor?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

7. Describe any previous experience as a camp counselor or related activities you have participated in.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

8. Please feel free to add further information about yourself that you wish to have considered by the review committee for Camp Good Grief.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

We certainly appreciate your time and interest.
Counselor Health History

Date __________________________

Name __________________________________________________________________________________

Family Physician ___________________________________________ Phone ___________________________

List any allergies or illnesses and explain ____________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Date of last tetanus immunization ____________________________________________________________

Date of last TB test __________________________________________________________

Any recent surgery, injury, or illness?  □ Yes  □ No

If yes, please explain _____________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Allergic reactions to food, environment, or medication? __________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Are you currently taking any medication? If yes, please list and explain. __________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Other __________________________________________________________________________________
_______________________________________________________________________________________