

# 2025 Volunteer Application

CAMP COCOON is a weekend camp for children ages 6-16 who have experienced the death of a loved one. Participating in Camp Cocoon allows campers to meet other children who are going through similar circumstances. While enjoying a traditional camp experience, children have the opportunity to learn coping skills and share stories in a safe, caring, and fun environment.

When: July 31, 2025 (Set-up) and August 1-3 2025 (Camp)

Where: Camp Chattooga, Tallulah Falls, Georgia (80 miles north of Atlanta)

Sign-Up Deadline: June 15, 2025

This packet has 6 pages. It is PDF Fillable. Using your computer or device, complete and sign on pages 1, 2 and 6, save to your device, then email the saved file to PruittCaresFoundation@PruittHealth.com.

LAST Name:	FIRST Name:	
Address:		
City:	State:	Zip:
Mobile Phone:	Alt. Phone:	
E-mail:	Gen	der:
Emergency Contact:	Phone:	
Are you a partner (employee) of PruittHealth?  If yes, list your dept./position and location		
T-Shirt size (Adult sizes) size:		
First time volunteering at Camp Cocoon?	_ If no, how many years <b>pr</b>	evious?
Please list any special training, experience, or certificatio		
Have you had a <b>recent</b> loss of your own? Please provide o		
Do you have any dietary restrictions?		

Before choosing a volunteer role on the next page of this form, please skip to page 3 and read through the *Volunteer Requirements and Responsibilities* section.

# **Camp Cocoon 2025 Volunteer Application and Information**

# **VOLUNTEER OPPORTUNITIES**

# **Positions Requiring Specific Qualifications**

Bereavement Counselors	
· · · · · · · · · · · · · · · · · · ·	bereavement counselor and have the appropriate scribe those qualifications below. Then choose <i>Bereavement</i> (under VOLUNTEERING PREFERENCES).
<i>Nurses</i> Full-time Camp Nurse  On-site Camp Check-in Nurse (Friday	only)
	camp nurse and have the appropriate qualifications (see next as below. Then choose one of the nurse positions as your ERING PREFERENCES).
Other Important Positions  House Parent  Bereavement Activities  Sewing Activities  Cabin & PRN Support	Luggage Handler/Errand Runner (All Wknd) Luggage Handler (Fri and/or Sun only) Other
• •	ve, please choose your preferences for which Position and Age ee the <u>following pages</u> for descriptions for each position and
First Preference:	Age Group:
Second Preference:	Age Group:
	Camper Age Groups: 6-9, 10-12, or 13-16
required to pass a background check to volun Foundation, Inc. d/b/a Camp Cocoon and its r photograph or video that pertains to the lawf	ve read and understand the contents of this application
Sign Your Name Here	Date

## **VOLUNTEER REQUIREMENTS and RESPONSIBILITIES**

### **Bereavement Counselors:**

- Time Commitment: Friday 10 a.m. through Sunday 1 p.m. (minimum).
- Must have a background as a Therapist, Counselor, Social Worker, Chaplain, etc.
- Need to have experience with and understanding of bereavement in children.
- Must attend orientation as well as stay the entire weekend
- Must be able to stay in the cabin with your assigned group
- Agreeable to reading about each child and responding to that child appropriately
- Agreeable to working with a partner Bereavement Counselor in coming up with age-appropriate bereavement activities.
- Able to identify when you need help and be able to ask for it.
- Agreeable to reading the bereavement information provided.
- Willing to work with other volunteers (house parents, activity assistants, etc.) for the best interest of the campers.
- Committed to making each child's weekend memorable and worthwhile.
- Must be comfortable walking up and down steep hills and stairs all weekend, as well as navigating rocks, roots, and uneven paths. This is not a sit down job.
- Agree to NEVER be alone with a camper

#### **Nurses:**

- Must have valid Georgia Nursing License RN or LPN
- Must have current CPR certification

#### **Full-time Camp Nurses**

- Friday, Saturday and Sunday at Camp
- Camper check-in with health screening, camper check out on Sunday, on-site medication administration, first aid treatment and other nursing duties.

## **On-site Camp Check-in Nurses**

- Friday only at Camp
- Camper check-in with health screening

#### **Houseparent:**

- Time Commitment: Friday 10 a.m. through Sunday 1 p.m. (minimum).
- Must have ability and interest in working with children of the age group they sign up for.
- Must have knowledge of children and camp settings
- Must be familiar with children's age-appropriate behavior and be willing to work with bereavement counselor on pre-determined activities.
- Must attend mandatory online meetings held prior to camp.
- Must attend all activities with the campers they are assigned to.
- Agree that House Parent responsibilities are 24/7 while camp is in session.
- Need energy and stamina for the age of the children.
- Able to identify when you need help and be able to ask for it.
- Need to be creative in dealing with expected homesickness and sadness.
- Must be ON TIME for orientation.
- Will be given written information on individual children and on bereavement in children and must agree to read the information prior to Camp.
- Will be offered support at camp as requested.

## **Camp Cocoon 2025 Volunteer Application and Information**

- Will be supported by bereavement professionals for extraordinary circumstances at camp.
- Will have full understanding of the activities that are available to campers.
- Must be comfortable walking up and down steep hills and stairs all weekend, as well as navigating rocks, roots, and uneven paths. This is not a sit down job.
- Agree to NEVER being alone with a camper.

#### **Bereavement Activities Volunteers:**

- Must be on time for orientation and stay for entire weekend of camp.
- Need to have some understanding of bereavement and children.
- Need to be able to talk with children appropriately about activity as it relates to be reavement and children's individual stories.
- Agree to be present for all activity times at camp as scheduled.
- Will take charge of teaching the craft (not left to the house parents).
- Agree to read the bereavement information provided.
- Agree to NEVER be alone with a camper.

### Sewing Activities: Machine sewers, hand sewers, and pillow stuffers needed

- A sewing machine is helpful but not required
- Hand sewers are also encouraged.
- Will be sewing Saturday morning through Saturday lunch but are welcome to stay all weekend.
- Need to be comfortable interacting with children.
- Agree to NEVER be alone with a camper.

#### Cabin and PRN support (possible duties):

- Lead and participate in games and activities, both indoors and outdoors.
- Assist in the dining room at meal times to give House Parents a break.
- Chaperon in the camp store.
- Participate in "all camp" activities including check-in and check-out.
- Help with set-up and take down/clean up of games and activities, like s'mores.
- Provide relief for house parents when they need a break.
- Take campers to the nurse.
- Agree to NEVER be alone with a camper.

## Luggage Handler/Errand Runners (All Weekend):

- Four people who agree to assist with arrival and departure and then to assist in other delivery or special needs issues—such as running errands, seeing that cabins have water, etc.
- Help set and clear tables at meals.
- Agree to NEVER be alone with a camper.

#### Luggage Handler (Fri and/or Sun only):

- Assist with transportation of luggage as campers arrive on Friday afternoon and/or prepare to depart on Sunday morning
- Agree to NEVER be alone with a camper.

## All volunteers need to read the training information sent to them prior to arriving at Camp

# **Camp Cocoon 2025 Volunteer Agreement**

The below agreement once agreed to will be in effect for all Volunteer's involvement with Camp Cocoon 2025 in perpetuity. Camp Cocoon will be held August 1-3 2025, at Athens Y Girls Camp in Tallulah Falls, GA.

CONSENT FOR MEDIA RELEASE: I (hereinafter, "Volunteer") give my permission and approve the use of my image, name, biographical information, quotes or excerpts of my written or verbally expressed words, video or audio recordings, and/or other likeness of myself (hereinafter, "my likeness") to be used by the PruittCares Foundation or Camp Cocoon as part of its fundraising efforts, advertising, publicity, promotion and any other use. I understand and agree that my likeness may appear in any media now known or hereafter invented, including but not limited to print materials, video, online presentations or other media. I hereby waive any right to inspect and approve of the uses to which it may be applied. Nothing herein will constitute any obligation on Camp Cocoon to use any of the above rights.

This permission/authorization, including all of its subparts, will remain effective until revoked in writing.

**NATURE OF SERVICE:** Volunteer acknowledges and agrees that the services he/she provides are voluntarily donated to the Camp, and that Volunteer is not entitled to nor expects any payment, compensation, wages or benefits for his/her donated services. Volunteer further acknowledges and agrees that the services performed hereunder do not render the Volunteer an employee of the Camp.

**INDEMNIFICATION OF THE CAMP**: Volunteer understands and acknowledges that Camp Cocoon will not be responsible for any loss or liability arising from any claim by any third party alleging neglect or wrong doing by the Volunteer; or, for any loss or expense incurred by the Camp or by the Volunteer as a result of any violation of federal or state law by the Volunteer; or, for any loss or expense incurred by the Camp as a result of reckless or malicious behavior by the Volunteer. Volunteer will make appropriate financial restitution to the Camp for any such loss or expense. Volunteer further releases and waives any and all liability against the Camp, its directors, officers, employees and agents, for any injuries or illness that Volunteer may suffer in connection with any volunteer work for the Camp. Volunteer acknowledges and agrees that Camp is not liable for any damage to Volunteer's property resulting from volunteer work for the Camp. Volunteer agrees that this release is as broad and inclusive as permitted by applicable state law.

**CHILD ABUSE:** Volunteer agrees to abide by Camp Cocoon procedures and all applicable laws regarding child and sexual abuse. By signing this agreement, Volunteer expressly represents that he/she has no previous convictions for child or sexual abuse and that no allegations regarding such abuses have ever been made against Volunteer. Volunteer is considered a mandated reporter. Therefore, any and all suspected abuse, mistreatment, or neglect of a child whether this abuse has taken place at Camp or elsewhere must be reported to the Camp Director immediately. All volunteers are required to review mandatory information provided regarding child safety by the day before campers arrive.

**THE RULE OF THREE OR MORE:** The "rule of three or more" shall be followed throughout Camp. The "rule of three or more" = at least two adults and one camper. Never go anywhere alone or be alone in a room with a camper. Always have another adult with you. Please voice concern if you see another counselor alone with a camper by reporting to the Camp Director. By signing below, Volunteer acknowledges its obligation to report immediately if volunteer senses misconduct of any type has happened, or may happen. If something doesn't feel right and you notice a behavioral change in a camper or staff member, trust your gut and tell someone.

THE USE OF ALCOHOLIC BEVERAGES, ILLEGAL DRUGS, TOBACCO: Throughout the duration of Camp, August 1-3, 2025, Camp Cocoon has a zero-tolerance policy regarding alcohol, tobacco, and illegal drugs. Alcoholic beverages, tobacco products and illegal drugs are not permitted at any Camp program at any time. Volunteer understands and acknowledges that he/she will be immediately terminated from the volunteer assignment and may be escorted out of a Camp program if Volunteer consumes/uses alcohol/tobacco products/illegal drugs

while performing services for Camp Cocoon, or is determined to be under the influence of alcohol/tobacco products/illegal drugs, including the effects of alcohol/tobacco products/illegal drugs consumed/used prior to performing services for Camp Cocoon. Smoking is not permitted anywhere on Athens Y Camp property or during a Camp program. Accordingly, Volunteer agrees to refrain from smoking on Camp premises or while performing any services for Camp Cocoon.

**CONFIDENTIALITY:** Volunteer will be exposed to information that is confidential in nature. Confidential information includes, without limitation, all information concerning current, former and future campers and their families, Camp staff, donors, medical information, medical records, financial data, and business records of Camp Cocoon, PruittCares Foundation, and PruittHealth. It is the policy of Camp Cocoon that such information must be kept strictly confidential and not disclosed to any third party (except as necessary to perform authorized services for Camp) both during and after the period in which Volunteer provides services to Camp Cocoon. Volunteer must return materials containing confidential information whenever requested by Camp Cocoon and automatically when Volunteer ceases to perform services for Camp.

**VOLUNTARY DISCLOSURE STATEMENT:** By signing this agreement, I swear and affirm that I have not been convicted, plead guilty, plead no contest, or have had adjudication withheld on any serious misdemeanor or felony charge, nor do I have any charges pending against me, in the time since Camp Cocoon has secured the results of my most current criminal record check.

**INFORMATION SHARING:** I authorize and consent to having Camp Cocoon contact anyone that it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance, or suitability for a position with the camp. I specifically authorize Camp Cocoon to share any information and the results of any background check with other organizations and agencies with whom Camp Cocoon works to ensure the safety of all campers. This includes, but is not limited to, PruittHealth, any Member Camps affiliated with PruittHealth and any other similar organizations in the future. This authorization is a waiver of all of my rights to bring any action for defamation, invasion of privacy, violation of any state or federal personnel file or privacy statute, or any other cause of action against Camp Cocoon, PruittHealth, or any employee or agent of Camp Cocoon or PruittHealth.

**POLICIES AND PROCEDURES:** Volunteer acknowledges and agrees that it is his/her responsibility for knowing and adhering to the applicable policies and procedures per volunteer orientation and the scope of the services Volunteer is performing for Camp Cocoon.

I have read and will abide by these gu	nidelines:		
Printed Name of Volunteer	Volunteer's Signature	Date	
Printed Name of Volunteer	volunteer's Signature	Date	

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