



**Camp Rainbow of Hope  
Big Buddy Application**

**Please complete each section. Please print or type.**

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

**Education:** Note--Selection of volunteers is not based on education/licenses

Name of School	Course of Study	Degree/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Professional Licenses and/or Certifications:**

Type	State	Date	Number	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CPR/First Aid Certification Expiration Date** \_\_\_\_\_

**Lifeguard Certification Expiration Date** \_\_\_\_\_

1. What experience have you had working with children? \_\_\_\_\_  
\_\_\_\_\_
2. What camping/outdoor experience have you participated in? \_\_\_\_\_  
\_\_\_\_\_
3. What are your hobbies? \_\_\_\_\_  
\_\_\_\_\_

4. What are your areas of interest for volunteering?

- |                                  |                               |
|----------------------------------|-------------------------------|
| _____ Adult Counselor to a child | _____ Recreation Activities   |
| _____ Arts & Crafts Helper       | _____ "Big Buddy" in Training |
| _____ Overnight Cabin Monitor    | _____ "Big Buddy"             |

5. Are you available for the entire session? \_\_\_\_\_  
 Days: \_\_\_\_\_  
 Nights \_\_\_\_\_

6. What is your Adult T-shirt size?  
 Small  Medium  Large  XL  XXL

**References:**

Name and Relationship	Address	Day Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bereavement History:**

Your relationship to deceased	Year of Death	Your Age At Loss	Cause of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please provide a 100 word (or less) statement about why you want to be a Big Buddy.**

*Return this form to:*

*Debbie Bishop  
Friends of Oswego County Hospice  
P.O. Box 102  
Oswego, NY 13126*

*Or email to:*

*[oswegohospice@verizon.net](mailto:oswegohospice@verizon.net)*

*Applications Must Be Received By July 1, 2011*