



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL

Proudly Announces

Camp Good Grief

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 & Clergy

Child Life Assistants

Child Life Specialists

Hospice Personnel

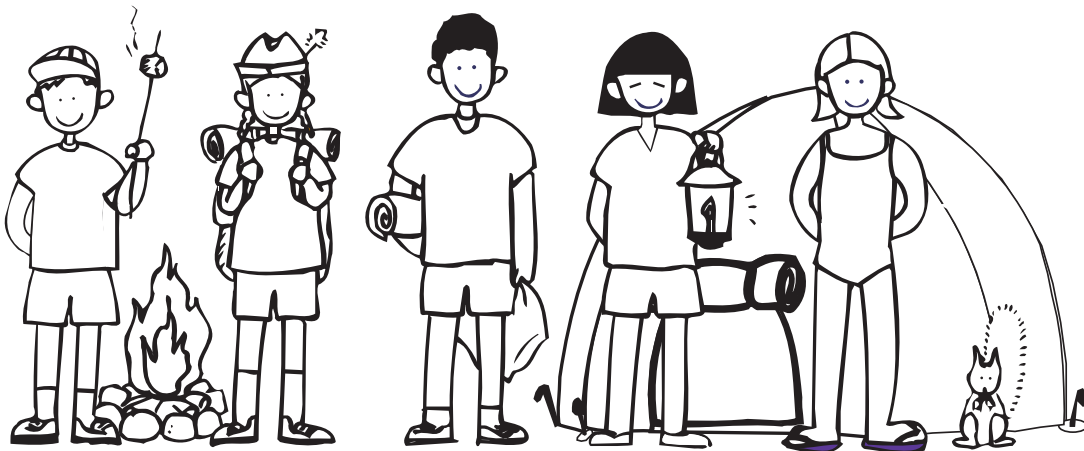
Marriage and Family Therapists

Pediatric Doctors and Nurses

Social Workers

University Students in Child and Health Related Fields

Youth



For more detailed information and application packet please contact:

Dorothy Clark-Brooks, Coordinator of Camp Good Grief

Loma Linda University Children's Hospital

909-558-4073

Fax 909-558-0211



LOMA LINDA UNIVERSITY
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Camp Good Grief

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 Friday and continue until 2:00 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. The training sessions are generally scheduled on a Friday. 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:

Dorothy Clark-Brooks, MA, CCLS, NCBF
Coordinator of Camp Good Grief
Loma Linda University Children's Hospital, Room 1801
11234 Anderson Street
Loma Linda, CA 92354
Fax 909-558-0211
Phone 909-558-4073

Thank you,
Camp Good Grief Staff
Loma Linda University Children's Hospital



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CHILDREN'S HOSPITAL

Camp Good Grief

Counselor Application

Name _____ Date of Birth _____

Home Address _____

Home Phone _____ Fax _____

E-mail _____

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.

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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 _____

We ask volunteers to commit to a one day training session.



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Camp Good Grief

Counselor Health History

Name _____ Date _____

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