



Camp Healing Heart Volunteer Application

THURSDAY, OCTOBER 2, 2025

BUDDY AND FACILITATOR VOLUNTEERS REPORT FOR TRAINING AT 5 - 8 P.M.

SATURDAY, OCTOBER 4, 2025 | 7 A.M. - 4:30 P.M.

UNIVERSITY OF ILLINOIS 4-H MEMORIAL CAMP

A SPECIAL DAY CAMP

Sponsored by Carle Hospice for Grieving Children Ages 5 to 17

 **Carle**Health



Dear Volunteer,

Thank you for your interest in becoming a Camp Healing Heart volunteer. Camp Healing Heart will be held at the University of Illinois 4-H Memorial Camp near Monticello, Illinois. To be considered as a camp volunteer, please return the application booklet by September 19, 2025.

Volunteers will be chosen for the positions available based on each volunteer's interest, abilities and experience. Some of the volunteer positions require training. Those who volunteer as buddies and facilitators will need to attend a required training session on Thursday, October 2, at 5 p.m. This will allow buddies and facilitators to get to know each other, familiarize yourself with the camp and learn about the children you will be serving. There are also volunteer positions which do not require training. You will be oriented to your service Saturday at camp.

After we receive your completed application and forms, a link will be sent to your email to complete a background check. Let us know if you do not receive this link so we can complete the process by phone. Carle Health and Health Alliance employees, as well as current Carle Health volunteers, do not need to complete a background check. A representative from Carle Hospice will contact you regarding available volunteer opportunities. We will do our best to match volunteers with their position of choice; however, the number of buddy and facilitator positions are dependent on the number of campers. We usually do not know the final number of campers until a few days prior to camp.

Thank you again for your interest and support in helping Camp Healing Heart make a difference in the lives of grieving children. Please call (217) 902-3301 or (800) 239-3620 if you have any questions or need additional information.

Please mail the completed application to 4116 Fieldstone Rd., Champaign, IL 61822, email to CampHealingHeart@carle.com or fax to (217) 902-3196.

Sincerely,
Camp Healing Heart Team
Carle Hospice

CAMP HEALING HEART

VOLUNTEER APPLICATION

Personal Information: Please complete each section. Please print.

Name _____

Address _____

Street

City

State

ZIP

Home Phone _____ Work Phone _____ Cellphone _____

Date of Birth _____ Gender Identification _____ Email Address _____

Occupation _____ Employer _____

Relevant Training, Education or Work Experience

General Information

What experience have you had working or volunteering with children? _____

Have you volunteered at Camp Healing Heart before? ☐ Yes ☐ No

If yes, when? _____

My T-shirt size (adult sizes listed): ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

What is your availability for camp? ☐ Friday Setup ☐ Thursday and Saturday ☐ Saturday Only

Buddies and facilitators must be available Thursday night for training from 5 to 8 p.m. and all day Saturday. Please plan to arrive at camp by 7 a.m. on Saturday.

Are you a current Carle Health or Health Alliance employee or Carle Health volunteer? ☐ Yes ☐ No

Please rank the top three volunteer position(s) you are interested in. If your choice includes "buddy interaction" or "group facilitator," also mark if you prefer to work with a selected age range.

_____ Buddy 1-1 Interaction ☐ Young Campers ☐ Preteen/Teen Campers ☐ Either

_____ Group Facilitator ☐ Young Campers ☐ Preteen/Teen Campers ☐ Either

_____ Cheer Leader _____ Registration and Checkout _____ Photographer _____ Runners

_____ Recreational Activities _____ Arts and Crafts _____ Pet Therapy (Must Have Your Own Therapy Animal)

_____ Friday Setup _____ Videographer/Video Producer

Please know that volunteer assignments depend heavily on the number of campers and we don't know the total number of campers until days before camp. We appreciate your flexibility.

Media Authorization Consent to Release Information

Name: _____ MRN/Badge#: _____ Date of Birth: ____/____/____

Phone: _____ E-mail Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Throughout this document the reference to "Carle" collectively refers to Carle Health including Carle Foundation Hospital, Carle Physician Group, Carle Hoopeston Regional Health Center, Carle Richland Memorial Hospital, Carle BroMenn Medical Center, Carle Eureka, Carle Health Methodist Hospital, Carle Health Proctor Hospital and Carle Health Pekin Hospital. I authorize Carle to release information about me as follows:

1. Carle may use and/or disclose the information described below to the general public, through media, Carle publications or in other public venues including, but not limited to, print materials, social media, radio, television, and the internet.
2. I understand that the **purpose** of the disclosure(s) is for Carle's own marketing activities and/or general public information, awareness, education, and/or fundraising.
3. **Specific Records and/or Information** to be disclosed verbally, in writing or electronically, as the case may be: _____

4. **Revocation, Re-disclosure, & Expiration.** I understand that I may revoke this authorization at any time by submitting a written request to the Marketing & Communications department at 611 W. Park Street, Urbana, IL 61801, unless Carle has already acted upon my authorization. I understand that my revocation only applies to uses and disclosures of my personal information by Carle. I further understand that any information already disclosed pursuant to this authorization is no longer protected by the laws and regulations applicable to Carle, and may be subject to re-disclosure. Unless specified otherwise by me, this Authorization will have no expiration date.
(Optional expiration date/event: _____).
5. I understand that my authorization to disclose the above information is **voluntary**, and Carle will not condition the provision of treatment or payment on this authorization.
6. I **waive any right to inspect or approve** the material prior to its use. All reproductions of my medical or personal information shall remain the property of Carle and may be edited prior to use. Furthermore, I release Carle, their licenses, agents, successors and assigns from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use and/or disclosure of my information.

COPY OF THIS AUTHORIZATION: I have been offered a copy of this authorization for my records.

Signature (Parent/Guardian/Authorized Signature where applicable)

Date

Authority to Sign, if not the Patient/Employee

Date



CAMP HEALING HEART

VOLUNTEER STATEMENT OF CONFIDENTIALITY

I understand that information regarding Camp Healing Heart campers, their families, staff and any persons receiving support or services in any capacity is privileged information for use by and with authorized person(s) only.

I will disclose such information only in the discharge of my assigned duties and responsibilities with Camp Healing Heart or person(s) authorized to receive such information through the signed consent of patient, family member or affected party.

I will not disclose any information with anyone unauthorized to receive this information. I will handle any and all paperwork and forms with proper procedure of control so that no information is accidentally observed or released to any unauthorized person(s). I also understand that the casual sharing of camper/camper families/staff information in public places or settings is inappropriate.

I have read and understood the preceding Statement on Confidentiality and agree to abide by it.

Print Name: _____

Signature: _____ Date: _____

CAMP HEALING HEART

VOLUNTEER INDEMNIFICATION AGREEMENT

1. I, for myself, release and discharge Carle Hospice, its Agents, Employees and Volunteers, from all claims, demands, actions and judgments, which I ever had or now have or may have against Carle Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by myself or property during my attendance of Camp Healing Heart, whether the injury is caused by negligence or any other fault.
2. I agree to indemnify and hold harmless Carle Hospice for any and all claims, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which I ever had or now have or may have against Carle Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by myself or property during my attendance at Camp Healing Heart, including, but not limited to, injury caused by or arising from Carle Hospice's own negligence.

I the undersigned have read this release and understand all of its terms.

Signature: _____ Date: _____

Extension Participant/Volunteer

AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____



Please keep this page and the map.
Return all of the other pages.

**DRIVING DIRECTIONS TO UNIVERSITY OF ILLINOIS
4-H MEMORIAL CAMP AT ALLERTON PARK**

- From I-72 Monticello, Illinois, Bridge St. exit:
- At exit stop sign, turn left and travel .4 mile to Old Route 47 (1625N).
- Turn right and travel 1.8 miles to 625E.
- Turn left and travel .7 mile to County Farm Rd. (1550N).
- Turn right and travel .4 mile to Old Timber Rd. (500E).
- Turn left and travel 1.3 miles to camp.
- Turn right to enter camp.

**WATCH FOR CAMP HEALING HEART SIGNS AND
4-H MEMORIAL CAMP SIGNS.**

University of Illinois
4-H Memorial Camp
499 Old Timber Rd.
Monticello, IL

Please call the Camp Healing Heart staff at (217) 902-3301 or
(800) 239-3620 if you have any questions or need additional information.
You may also email CampHealingHeart@carle.com.

University of Illinois 4-H Memorial Camp Monticello, Illinois



