



VOLUNTEER APPLICATION

E-mail: CampErin@catholichospice.org
 Phone: (954) 944-2709 Fax: (954) 944-2697

We're excited that you are interested in joining the Camp Erin team!

Volunteer Criteria:

- Must be 18 years or older
- Graduated High School
- Must have experience working with children and/or teens
- Preferably have experience working with grief or have personal experience with grief/loss

Applicants must complete the following:

1. Volunteer Application
2. Interview
3. Two (2) Reference Forms
4. One-Day Volunteer Training
5. Virtus/Protecting God's Children Training
6. Background and Drug Screenings
7. Attend all pre-camp events

CAMP DATE: _____

NAME:		DATE OF BIRTH:	
ETHNICITY:	MILITARY AFFILIATION (PLEASE INDICATE):	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (Circle One)	
ADDRESS:	CITY:	ZIP CODE:	
CELL PHONE:	HOME PHONE:		
E-MAIL:			SHIRT SIZE:
EMPLOYER:	EMPLOYER ADDRESS:		
LANGUAGES SPOKEN:			
PLEASE LIST CREDENTIALS AND/OR EXPERIENCE, HOBBIES AND SKILLS			
I HAVE BEEN A CAMP ERIN VOLUNTEER IN THE PAST (Circle one) YES NO			IF SO, WHEN:

PLEASE MARK THE TASKS THAT YOU ARE INTERESTED IN DOING AT CAMP.

Pre-Camp:

- Office Assistance
- Camp Erin Ambassador

I prefer to work with the following age group:

- 6-8 9-11
- 11-14 15-17

Friday:

- Transportation: Supervise campers on bus
- Operations: Initial Set-Up
- Grief Activities Facilitator
- Opening Ceremony
- Operations: Set-up & Clean-up of Activities

Sunday:

- Closing Ceremony
- Transportation: Supervise campers on bus
- Operations: Final tear-down

Saturday:

- Volunteer Self-Care
- Operations: Set-up and tear-down of activities
- Grief Activity Facilitators
- Trust/Team Building Activities

All 3 Days:

- Operations team
- Kitchen team
- Cabin Big Buddy (CBB)
- Clinical Point Person (CPP)
- Nurse

Other (Please indicate): _____

EMERGENCY CONTACTS: Please provide two (2) persons to contact in case of emergency

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Please indicate any health issues that you would like us to be aware of, including allergies: _____

PROFESSIONAL REFERENCES: Please provide information of two (2) references

(Please have both of your references complete and submit a Camp Erin Volunteer Reference Form)

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

I HEREBY CERTIFY THAT THE INFORMATION STATED ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

VOLUNTEER SIGNATURE: _____ **DATE:** _____



VOLUNTEER APPLICATION REFERENCE FORM

**NEW VOLUNTEERS ARE REQUIRED TO SUBMIT TWO (2) REFERENCE FORMS.
PROFESSIONAL REFERENCES MUST COMPLETE AND SUBMIT THE FORM.**

NAME OF APPLICANT: _____

ABOVE APPLICANT HAS APPLIED TO SERVE AS A VOLUNTEER AT OUR BEREAVEMENT CAMP AS A:

(Applicant, please check the appropriate box)

- CABIN BIG BUDDY:** Cabin Big Buddies supervise, support and engage with campers throughout the entire camp. Cabin Big Buddies also supervise and sleep in the same cabins as their assigned campers.
- CLINICAL POINT PERSON:** Clinical Point Persons hold a Master's level education/knowledge in a mental or behavioral health related field (i.e., counseling, social work, etc.)
- GRIEF ACTIVITY FACILITATOR:** GAF facilitate bereavement activities, such as art, dance/movement, yoga, trust/team-building, etc. GAF must have experience facilitating activities in similar environment.
- NURSE:** Preferably an RN who can help assist main Camp Nurse and provide break coverage.
- PHOTOGRAPHER/VIDEOGRAPHER:** Captures camp activities in photos/video for media coverage.
- OPERATIONS:** Supports with set-up and take down of camp activities and assists with overall logistics and flow of camp.
- CAMP ERIN ADVOCATE:** Assist Camp Manager with marketing and promotions, soliciting for donations and/or fundraising for camp.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

- 1. In what capacity have you known the applicant and for how long?**

- 2. Please describe the characteristics of the applicant that would make him/her an appropriate volunteer for our camp.**

3. Please rank the applicant based on the following qualities:

QUALITY	POOR	FAIR	GOOD	EXCELLENT	UNKNOWN
Attitude					
Attendance & Punctuality					
Initiative					
Dependability					
Ability to Follow Instructions					
Responds to Supervision					
Ability to Work with Others					
Ability to Work with Children/Teens					
Non-Judgmental					
Compassionate					
Sense of Humor					
Problem Solving Skills					
Ability to Work in Crisis					
Ability to Set Boundaries					
Overall Quality of Work					

4. If there anything else that you would like to share about this candidate?

5. Overall, do you recommend application to be a Volunteer at Camp Erin? YES NO

NAME OF PERSON COMPLETING FORM: _____

PHONE NUMBER: _____ E-MAIL: _____

I HEREBY CERTIFY THAT THE INFORMATION STATED ABOVE IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON COMPLETING FORM: _____ DATE: _____

THANK YOU FOR YOUR TIME!

Please submit completed forms to:

Camp Erin, 2900 W Cypress Creek Road, Suite 7, Fort Lauderdale, FL 33309

Or by Fax: (954) 944-2697 or by E-mail: CampErin@catholichospice.org

If you have any questions, please contact the Bereavement Camp Manager at (954) 944-2709.