



2018 Camp Erin™ of the Carolinas Volunteer Application

Camp Erin of the Carolinas is an annual weekend camp for kids and teens (ages 6 – 17) who are grieving the death of a loved one. The camp will be held from Friday, November 9 – Sunday, November 11, 2018 at South Mountain Christian Camp. For more information, please call the Volunteer Department at (828)-245-0095.

Volunteers must be 18 years or older and be in good physical condition. All volunteers must complete a background check form, along with the application. Volunteers must also participate in an orientation interview and attend all required volunteer trainings and relevant meetings. Please note that although we attempt to place every volunteer applicant, we may not be able to place all applicants due to the large number of applications received.

Personal Information *(Please print or write legibly)*

Full Name: _____ I prefer to be called: _____

Circle One: I am 18 years or older: Yes No

Race/Ethnicity (We use this information to gather demographic statistics. Circle all that apply):

African African – American Asian American Indian or Native Alaskan
 Caucasian Latino Multi-Racial Native Hawaiian or Other Pacific
 Islander Other: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day: () _____ Evening: () _____ Cell: () _____

Email: _____

What is the best time/way to reach you? (E.g., Afternoon/email) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: Day: () _____ Evening: () _____

Are you currently an active, reserve or National Guard military member or military veteran? Yes No

If so, what branch: _____

Have you experienced a personal loss in the last year (Please circle one): Yes No

Volunteer Interests *(Attach additional sheet if more space is needed)*

Why are you interested in volunteering at Camp Erin?

Which camp committee(s) or role(s) are you interested in? (Circle all that apply)

Note: Cabin Big Buddies supervise and support a specific group of four to six campers throughout the camp. Clinical point persons must have previous experience working with children in a clinical role. (e.g., social work, school counselor, therapist, etc.)

Arts and Crafts	Cabin Big Buddy	Movement Dance	Snacks
Drumming	Entertainment	Clinical Point Person	Games
Planning/Organization	Procurement	Ritual	
Storytelling/Drama	Welcome/Registration	Creative Writing	

Other: _____

First Choice: _____ Second Choice: _____

What age group are you most interested in working with? (E.g., 8-9 yrs or teens): _____

Optional: Please describe any special needs (such as mobility issues) that should be considered when assigning you to a camp position/housing. (This information is used for assignment/housing purposes only).

Dietary Requirements/ Restrictions (specify) : _____

T-Shirt Size (Circle One): S M L XL 2XL 3XL 4XL

How did you hear about volunteering for Camp Erin? (Circle one below)

Friend/Family Member Internet Flyer Newspaper Radio/TV Other: _____

We provide a volunteer contact list to all camp volunteers to be used for communication related to camp only.

May we include your contact information on this list? (Please circle one) Yes (All) Yes (Email Only) Yes (Phone only) No

Experience and Education (Attach additional sheet if more space is needed)

Volunteer Experience:

Organization	Duties	Dates

Life experiences (hobbies, skills, interests, talents):

Languages spoken: _____

Education / Special Training:

School	Dates	Major/Topic
Degree/Certificate		

Recent Employment History:

Employer	Job Title	How long?
Current:		
Previous:		

Have you ever been fired, discharged, or asked to resign from any position? (Circle one) Yes No

Have you ever been convicted of a crime? (Circle one) Yes No

(Conviction of a crime will not necessarily be a bar to volunteer service. Factors such as age at the time of the offense, employment history subsequent to the conviction(s), and rehabilitation will be taken into account in determining effect on suitability for volunteering.)

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please Return to: Hospice of the Carolina Foothills Attn: Volunteer Services PO Box 336, Forest City, NC 28043

Email: howen@hocf.org

Phone: (828)-245-0095