



VOLUNTEER APPLICATION

E-mail: CampErin@catholichospice.org | VolunteerServices@catholichospice.org

Phone: (305) 351-7052

Thank you for your interest in joining our Camp Erin Volunteer 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

Application Process:

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

CAMP DATE YOU ARE APPLYING FOR: _____

NAME:		PREFERRED NAME/NICKNAME:		DATE OF BIRTH:	
ETHNICITY:		PREFERRED PRONOUNS:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CHECK ONE) <input type="checkbox"/> NON-BINARY	
ADDRESS:			CITY:		ZIP CODE:
CELL PHONE:			HOME PHONE:		
E-MAIL:				PREFERRED T-SHIRT SIZE:	
LANGUAGES FLUENTLY SPOKEN:			ARE YOU AN ACTIVE, RESERVE OR NATIONAL GUARD MILITARY MEMBER OR VETERAN? IF SO, WHAT BRANCH?		
WHY ARE YOU INTERESTED IN VOLUNTEERING WITH CAMP ERIN SOUTH FLORIDA?					
PLEASE LIST CREDENTIALS, EXPERIENCE, HOBBIES, AND SKILLS THAT MAY BE ABLE TO SHARE AS PART OF YOUR ROLE AT CAMP:					
ARE YOU A RETURNING VOLUNTEER? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHEN/WHERE WAS THE LAST CAMP YOU VOLUNTEERED:			
INDICATE ANY MEDICAL/HEALTH INFORMATION THAT YOU WOULD LIKE US TO BE AWARE OF (EX. ALLERGIES, PHYSICAL LIMITATIONS, DIETARY RESTRICTIONS):					
HOW DID YOU HEAR ABOUT US?					

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

I prefer to work with the following age group: Littles 6-9 Middles 10-13 Teens 14-17 Open/No Preference

Friday:

- Transportation: supervise campers on bus
- Logistics/Operations: initial set-up
- Registration/Welcome Committee: camper sign-in/welcome
- Assist with Opening Ceremony
- Logistics/Operations: set-up and clean-up

Saturday:

- Logistics/Operations: set-up and clean-up
- Grief Activity Facilitators
- Team Building Activities

Sunday:

- Assist with Closing Ceremony
- Transportation: supervise campers on bus
- Registration: camper sign-out

All 3 Days:

- Logistics/Operations: set-up/clean-up
- Kitchen Team: prepare and serve meals
- Cabin Big Buddy (CBB)
- Nurse/Medical: assist Camp Nurse with medical needs

Other (Please indicate): _____

EMERGENCY CONTACT: In case of emergency, please contact the below person.

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

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

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

CONFIDENTIALITY AGREEMENT: I understand that in the course of my time volunteering with Camp Erin South Florida, I may learn certain facts about volunteers, staff, campers, and families that are of a highly personal and confidential nature. Examples of such information would include medical/mental health diagnosis, treatment, finances, living arrangements, sexual orientation, family dynamics, and the like. I understand that all such information must be treated as confidential. I agree not to disclose any information to any person outside of Camp Erin South Florida. I further agree to abide by all requirements of my Camp Erin South Florida role, including all necessary training. I also certify that the information provided on this application is true, correct, and complete to the best of my knowledge.

PRINT VOLUNTEER NAME

VOLUNTEER SIGNATURE

DATE



VOLUNTEER APPLICATION REFERENCE FORM

**NEW VOLUNTEERS ARE REQUIRED TO SUBMIT TWO (2) PROFESSIONAL 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:

- CABIN BIG BUDDY:** Cabin Big Buddies supervise, support, and engage with campers throughout the entire camp. Cabin Big Buddies also supervise and stay overnight in the same cabins as their assigned campers with the exception of when assigned to campers of opposite sex.
- GRIEF ACTIVITY FACILITATOR:** GAF facilitates bereavement activities, such as art, dance/movement, yoga, trust/team building, etc. GAF must have experience facilitating activities in similar environments.
- NURSE:** Preferably a Registered Nurse who can help assist Lead Camp Nurse with medical needs and provide break coverage.
- PHOTOGRAPHER/VIDEOGRAPHER:** Captures camp activities in photos/video for media coverage.
- LOGISTICS/OPERATIONS:** Supports with set-up and take down of camp activities and assists with overall logistics and flow of camp program.
- CAMP ERIN ADVOCATE:** Assist Camp Director with marketing and promotions, which may include attending community resource events, and soliciting for donations and/or fundraising for camp program.

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: _____

RELATIONSHIP TO VOLUNTEER: _____

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 South Florida, 14875 NW 77th Avenue #100, Miami Lakes, FL 33014
 Or by E-mail: CampErin@catholicospice.org

If you have any questions, please contact our Camp Erin team at (954) 944-2709.