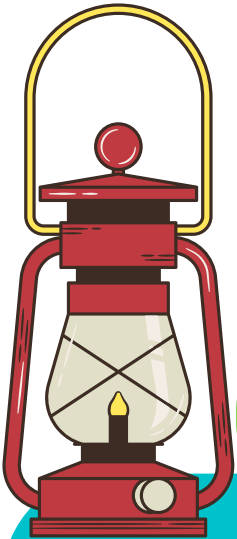




# BECOME A CAMP ERIN VOLUNTEER!



**AT CAMP ERIN, WE SUPPORT  
YOUTH AGES 6-17 YEARS OLD  
WHO ARE GRIEVING THE DEATH  
OF A SIGNIFICANT PERSON IN  
THEIR LIVES**

**NEXT CAMP  
MAR 17-19,  
2023**

**APPLY BY  
FEB 24,  
2023**

**ADMISSION  
FREE**

## **Volunteer Criteria**

- ✓ Must be 18 years or older
- ✓ Graduated High School
- ✓ Must have experience working with children and/or teens
- ✓ Experience with grief preferred, but not required

## **Camp Owaissa Bauer**

**17001 SW 264 Street  
Homestead, FL 33031**

**DOWNLOAD THE  
APPLICATION ONLINE**

**[www.camperinsouthflorida.org](http://www.camperinsouthflorida.org)**

**CONTACT US** 954.944.2709 | [CampErin@catholichospice.org](mailto:CampErin@catholichospice.org)





## VOLUNTEER APPLICATION 2023

E-mail: [CampErin@catholichospice.org](mailto:CampErin@catholichospice.org)

Phone: (954) 944-2709

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

### Volunteer Criteria:

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

### Applicants must complete the following:

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

**PLEASE INDICATE AT WHICH CAMP YOU WOULD LIKE TO VOLUNTEER: (CHECK ALL THAT APPLY)**

☐ **March 17-19, 2023 (Friday-Sunday)**  
@ Camp Owaissa Bauer (Dade)

☐ **FALL 2023 DATE TBD**

<b>NAME:</b>		<b>NICKNAME:</b>	
<b>DATE OF BIRTH:</b>	<b>ETHNICITY:</b>	<b>GENDER:</b>	
<b>ADDRESS:</b>		<b>APT/UNIT:</b>	
<b>CITY:</b>		<b>ZIP CODE:</b>	
<b>CELL PHONE:</b>	<b>HOME PHONE:</b>		
<b>E-MAIL:</b>		<b>SHIRT SIZE:</b>	
<b>LANGUAGES SPOKEN:</b>			
<b>MILITARY AFFILIATION (PLEASE INDICATE):</b>			

(NEXT PAGE...)

ARE YOU A RETURNING VOLUNTEER? (CIRCLE ONE)      YES      NO		IF SO, WHEN/WHERE WAS THE LAST CAMP YOU ATTENDED:	
IF NOT, HOW DID YOU FIND OUT ABOUT US:			
PLEASE MARK THE TASKS THAT YOU ARE INTERESTED IN DOING AT CAMP.			
<input type="checkbox"/> Cabin Big Buddy (CBB) <input type="checkbox"/> Clinical Point Person (CPP) <input type="checkbox"/> Nurse <input type="checkbox"/> Volunteer Self-Care <input type="checkbox"/> Grief Activity Facilitators <input type="checkbox"/> Office Assistance/Camp Preparations (Pre-Camp)		<input type="checkbox"/> Camp Erin Ambassador (Pre-Camp) <input type="checkbox"/> Transportation: Supervise campers on bus <input type="checkbox"/> Operations team <input type="checkbox"/> Kitchen team <input type="checkbox"/> Other (Please indicate): _____	
I PREFER TO WORK WITH THE FOLLOWING AGE GROUP(S): (CIRCLE ONE)		6-9	10-13
I PREFER TO WORK WITH THE FOLLOWING AGE GROUP(S): (CIRCLE ONE)		14-17	
PLEASE INDICATE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO BE AWARE OF (E.G., HEALTH, ALLERGIES):			
<b>EMERGENCY CONTACTS:</b> <i>PLEASE PROVIDE TWO (2) PERSONS TO CONTACT IN CASE OF EMERGENCY</i>			
<b>1</b> NAME:		RELATIONSHIP:	
HOME PHONE:		CELL PHONE:	
<b>2</b> NAME:		RELATIONSHIP:	
HOME PHONE:		CELL PHONE:	
<b>PROFESSIONAL REFERENCES:</b> <i>PLEASE PROVIDE INFORMATION OF TWO (2) REFERENCES*</i>			
<b>1</b> NAME:		RELATIONSHIP:	
HOME PHONE:		CELL PHONE:	
<b>2</b> NAME:		RELATIONSHIP:	
HOME PHONE:		CELL PHONE:	

\* - Please have both of your references complete and submit a Camp Erin Volunteer Reference Form

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.***

**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: \_\_\_\_\_ 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](mailto:CampErin@catholichospice.org)

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