



Camp Erin Baltimore

# 2017 CAMP ERIN® - BALTIMORE Volunteer Application



Camp Erin®-Baltimore is an annual three-day camp experience offered at no charge and facilitated by professional staff trained volunteers of Roberta's House Family Grief Support Center. The camp is for children ages 6 to 17 who have experienced the death of someone close. Camp Erin combines a traditional high-energy, fun camp with grief support and education. Adult "big buddy" volunteers offer support and companionship for campers. Camp Erin will be held **August 4<sup>th</sup> – 6<sup>th</sup>** this year at North Bay, in North East, Maryland.

**Volunteers must be 18 years or older and be in good physical condition.** New volunteers must complete a background check form, along with the application, and complete a two-step TB test (or submit proof of current TB test). 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: \_\_\_\_\_

Check one: I am 18 years old or older  Yes  No

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

What is the best time/way to reach you? (E.g., Afternoon/e-mail): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: Day: (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_

## VOLUNTEER INTERESTS (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Why are you interested in volunteering at Camp Erin?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Arts and Crafts       | <input type="checkbox"/> Cabin Big Buddy      | <input type="checkbox"/> Clinical Point Person | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Drumming              | <input type="checkbox"/> Entertainment        | <input type="checkbox"/> Games                 | <input type="checkbox"/> Movement/dance   |
| <input type="checkbox"/> Planning/organization | <input type="checkbox"/> Procurement          | <input type="checkbox"/> Ritual                | <input type="checkbox"/> Snacks           |
| <input type="checkbox"/> Storytelling/drama    | <input type="checkbox"/> Welcome/registration |  |   |

Other (specify): \_\_\_\_\_

First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_

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

**OFFICE USE ONLY:** Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**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** (check one):  S     M     L     XL     2X     3X     4X

**How did you hear about volunteering for Camp Erin?**

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?**  Yes (All)     Yes (E-mail only)     Yes (Phone only)     No

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**EXPERIENCE AND EDUCATION** *(ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)*

**Volunteer experience:**

<u>Organization</u>	<u>Duties</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Life experiences** (hobbies, skills, interests, talents): \_\_\_\_\_

\_\_\_\_\_

**Languages spoken:** \_\_\_\_\_

**Education/special training:**

<u>School</u>	<u>Dates</u>	<u>Major/Topic</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Recent employment history:**

<u>Employer</u>	<u>Job Title</u>	<u>How long?</u>
Current: _____	_____	_____
Previous: _____	_____	_____

**Have you experienced a personal loss in the last year?**  Yes     No

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN TO:** **Roberta's House, Inc.**  
**Attn: Kelli R. Brooks, Volunteer Coordinator**  
2510 St. Paul Street, 1<sup>st</sup> Floor  
Baltimore, MD 21218

**E-mail:** kbrooks@robertashouse.org  
**Phone:** 410-235-6633  
**Fax:** 410-235-6636