



Camp Erin Baltimore

CAMP ERIN®-BALTIMORE Volunteer Application



ROBERTA'S HOUSE
PART OF THE ELUNA NETWORK



PROUD SUPPORTER OF CAMP ERIN

Camp Erin®-Baltimore is a weekend grief camp experience offered at no charge and facilitated by professional staff and trained volunteers from 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 "camp buddies" volunteers offer support and companionship for campers. Camp Erin will be held in August at NorthBay, in Northeast, Maryland.

Volunteers must be 18 years or older and be in good physical condition. All volunteers must complete a background check, along with the volunteer 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: _____

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

Gender: _____

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"/> Cabin Big Buddies | <input type="checkbox"/> Clinical Point Person |
| <input type="checkbox"/> Welcome/registration | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Adventure Games | <input type="checkbox"/> Dining Hall Staff |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Planning/Organization |

First choice: _____ Second choice: _____

What age group are you most interested in working with? _____

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

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

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
928 East North Ave.
Baltimore, MD 21202

E-mail: kbrooks@robertashouse.org

Phone: 410-235-6633

Fax: 410-235-6636