



Camp Erin Baltimore

2010 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 July 23rd through 25th 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

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 Tucker, Volunteer Coordinator
1900 N. Broadway, Suite 101
Baltimore, MD 21213

E-mail: ktucker@robertashouse.org
Phone: 410-235-6633