

## Camp Erin, Santa Cruz 2019 Returning Volunteer Application



Our Camp Erin, <sup>©</sup> Santa Cruz team is deeply appreciative of our returner volunteers who bring their experience, compassion and energy to Camp Erin each year!

Please complete this update form so we have your most current information. Thank you!

\*Please note that although we attempt to place every volunteer, we may not be able to place all applicants due to the large number of applications received.

Name:	_ Date of Birth:
Cell Phone:	_Home Phone:
E-mail Address:	
Current Address:	
	_
	_
	_
Is there anything we should know since you last volunte	eered with us?
Is there anything we can do to improve your volunteer	experience with Camp Erin, Santa Cruz?
Do you have any dietary requirements/restrictions?	

T-Shirt Size (please circle one): M XL 2XL 3XL Which volunteer role are you most interested in? **Cabin Buddy** (all weekend/overnight) Which age group are you MOST interested in working with? \_\_\_\_\_11-13 \_\_\_\_\_14-17 \_\_\_\_ Any 6-8 9-10 Which age group are you NOT comfortable working with? (If none, leave blank) 6-8 9-10 11-13 14-17 **Day Support** (circle your availability): Friday Saturday Sunday All Wknd (not overnight) **Registration Team/Set-up & Tear-Down** (circle your availability): Friday only Sunday only Sat & Sun Other (Please Specify) **Emergency Contact:** (Telephone) (Relationship) (Name) I have completed and reviewed this entire form and attest that the information provided is true. I also grant permission for Hospice of Santa Cruz County and Camp Erin to obtain information from my references and/or other volunteer organizations with which I have worked that may be pertinent to my application. Applicant Signature Date Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, creed, religion, national origin, marital status, physical or mental handicap unless such discrimination is based upon occupational qualifications. PLEASE RETURN TO: Hospice of Santa Cruz County Attn: Camp Erin 940 Disc Drive Scotts Valley, CA 95066 Email: camperin@hospicesantacruz.org Fax: 831 430-9081

For questions regarding this application, volunteering, or Camp Erin please contact:

The Camp Erin, Santa Cruz Team

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