



Camp Erin, Santa Cruz 2019 Volunteer Application



Camp Erin[®] Santa Cruz is an annual weekend camp for children and teens (ages 6-17) who are grieving the death of someone close to them. It will be held from **Friday, October 4th – Sunday, October 6th, 2019** at Mt. Hermon's Redwood Camp in Felton, CA.

Volunteers must be 18 years or older and be in good physical condition. Volunteers need to be able to meet a criminal background check, participate in an orientation interview, and attend **all required** volunteer trainings and relevant camp events.

**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.*

*For more information, please call (831) 430-3090, or email camperin@hospicesantacruz.org.
You may also visit us online at www.hospicesantacruz.org.*

Name: _____ Gender: _____
Home Telephone _____ Cell Phone: _____
Email Address: _____ Date of Birth: _____
Present Address: _____ Zip: _____
How long have you lived there? _____
If at present address less than 2 years,
Previous Address: _____
How long did you live there? _____

Employment Information: Name of Employer _____
Street Address _____
City, State, Zip _____
Telephone: _____
Title/Position _____

I prefer to receive correspondence at: Work _____ Home _____

Are you a Unites States Citizen? Yes _____ No _____

Permanent Alien Resident? Yes _____ No _____

Are you an active, reserve or National Guard military member or military veteran? Yes _____ No _____
If so, what branch? _____

Race/Ethnicity (used for statistical purposes only, circle all that apply):

- African-American Native American Asian Caucasian Native Hawaiian or Other
 Pacific Islander Hispanic/Latino Multi-Racial Other: _____

1st Language: _____

2nd Language: _____

Educational Background/Training: _____

Volunteer Experience:

Organization/Address	Position/Responsibility	Date(s) of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list 3 professional or personal references that we may contact:

1. _____
Name Street Address, City, State, Zip code

Email address Relationship
2. _____
Name Street Address, City, State, Zip code

Email Address Relationship
3. _____
Name Street Address, City, State, Zip code

Email address Relationship

Have you ever been asked to relinquish a volunteer position? Yes _____ No _____

Are you currently charged with a felony, including but not limited to criminal neglect, abuse or assault?

Yes _____ No _____

Have you ever been convicted of a felony, including but not limited to criminal neglect, abuse or assault?

Yes _____ No _____

Is this your first time applying as a Camp Erin volunteer? Yes _____ No _____

If No, which camp did you apply with and when? _____

Have you ever worked with children and teens? Yes _____ No _____

If yes, when and in what capacity? _____

Why are you interested in volunteering for Camp Erin, Santa Cruz? _____

What special skills do you have to offer to Camp Erin, Santa Cruz?

Do you have any dietary requirements/restrictions? _____

T-Shirt Size (please circle one): S M L XL 2XL 3XL

Which volunteer role are you most interested in?

(Please see role descriptions on HSCC Website or call 831.430.3090 for clarification of volunteer roles)

<p>_____ Cabin Buddy (all weekend/overnight)</p> <p>Which age group are you <u>MOST</u> interested in working with?</p> <p>___ 6-8 ___ 9-10 ___ 11-13 ___ 14-17 ___ Any</p> <p>Which age group are you <u>NOT</u> comfortable working with? (If none, leave blank)</p> <p>___ 6-8 ___ 9-10 ___ 11-13 ___ 14-17</p>

_____ **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)

Do you speak/read or write any foreign languages? If so, what are they? _____

Activities: civic, athletic, etc. _____

Please tell us something interesting about you that most people might not know (i.e. can juggle, etc):

Emergency Contact: _____
(Name) (Telephone) (Relationship)

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
Phone: (831) 430-3090
Email: camperin@hospicesantacruz.org