

CAMP ERIN[®]-HAWAII

Volunteer Application



Camp Erin Hawaii is an annual weekend camp for kids and teens (6-17) who are grieving the death of someone close to them. **Volunteers must be 18 years or older and be in good physical condition.** All volunteers must complete a background check form, along with the 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: _____ Social Security # _____

Date of Birth: ___/___/_____ T-shirt size (check one): S M L XL 2X 3X

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: Day: (____) _____ Eve: (____) _____ Cell: (____) _____

E-mail address: _____

Emergency contact name: _____ Relationship: _____

Emergency contact phone: Day: (____) _____ Eve: (____) _____

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.)*

Are you 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 Pacific Islander

Hispanic/Latino Multi-Racial Other: _____

Please List 2 references that are not family that we may contact via email (no phone numbers)

Name: _____ Email: _____

Name: _____ Email: _____

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

Why are you interested in volunteering at Camp Erin[®] -Hawaii?

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

Support Team Cabin Big Buddy Activities/Fun & Games Grief Activities Kitchen Other (specify): _____

Please circle the age group are you most interested in working with? 6-7; 8-9; 10-11; 12-13; or teens

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): _____

Experience working with Children (please describe): _____

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: Camp Erin – Hawaii, c/o Hospice of Kona
PO Box 4130
Kailua Kona, HI 96745
Attn: Darriene Marks, Volunteer Coordinator
vcoordinator@hospiceofkona.org

Hospice of Kona complies with Title VI of the Civil Rights Act, the Age Discrimination Act of 1975 as amended, and Section 504 of the Rehabilitation Act. Hospice of Kona does not discriminate with regard to race, color, religion, creed, national origin, age, sex, marital status or the presence of any sensory, mental or physical handicap, or ability to pay.