



Volunteer Camp Staff Application 2017



TO SUBMIT THIS FORM ELECTRONICALLY:

First, save a blank copy of this form to your computer, then fill in the requested information and [click here](#) to submit. To re-set form, [click here](#).

FOR OTHER METHODS OF SUBMISSION, SEE FOLLOWING PAGE.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home or Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Ethnicity (for statistical purposes only): _____

Adult T-shirt Size XS SM MED LG XL XXL

HBTB EMPLOYEES ONLY - Indicate your job title: _____

How did you hear about Camp Erin volunteer opportunities? _____

State any special skills or training: _____

List any current professional licenses or certifications: _____

VOLUNTEER POSITIONS: Indicate your preferences

Camp Weekend Assistance on Friday and Sunday

Friday, August 11, Camp registration at HBTB (10 a.m.–12:30 p.m.)

Sunday, August 13, Campers return to HBTB from Camp (10 a.m.–1:30 p.m.)

At Camp Erin, CYO Retreat Center, Sonoma County

Cabin Big Buddy (indicate age preference): 6–8 yrs 9–11 yrs 12–14 yrs 15–17 yrs

Recreation/Entertainment Activity Leader Grief Activity Facilitator (professional counselors only)

Parent De-briefer (professional counselors only) Photographer/Videographer (professional experience)

Do you have personal or work experience involving: (Check all that apply)

Camp Erin Youth Camp Terminal Illness Death of a Loved One Grief Counseling

State briefly: Why do you wish to volunteer with Camp Erin? _____

Reference

Supply one reference we can contact (a supervisor or non-relative). If both you and a friend are applying for Camp Erin, you may not recommend each other.

Name: _____ Relationship: _____ Contact Phone: _____

Email: _____

Your Emergency Contact Information (only necessary if you attend camp during the weekend)

Name: _____ Relationship: _____

Contact Phone: _____ Alternate Phone: _____

Is there anything that will affect your ability to perform the duties of the position you're applying for? (explain)

PLEASE NOTE: Background checks will be required for all new volunteers. A TB Skin Test will be required for anyone attending the Camp Erin weekend. Cabin Big Buddies and Grief Activity Facilitators are required to attend a mandatory training. All other camp staff positions require a two-hour training orientation.

I, the undersigned, certify that the information I have supplied is true and complete to the best of my knowledge. Furthermore, I agree to a background check required by this agency. I am committed to complete any orientation/training required.

Applicant Signature

Date

(Note: If you submit this form electronically, you will be asked to sign in-person at your interview.)

YOU MAY ALSO SUBMIT YOUR APPLICATION USING ANY OF THE FOLLOWING METHODS:

MAIL: Hospice by the Bay, 17 E. Sir Francis Drake Blvd., Larkspur, CA 94939, Attn: Camp Erin

FAX: (415) 925.1680 (Attention: Camp Erin)

EMAIL: Scan and send to camperin@hbttb.org

INTEROFFICE MAIL (HBTB staff only): Camp Erin, Volunteer Services