

**RETURNING**

**Volunteer Camp Staff Application 2017**



If you are returning to Camp Erin, in any of the positions, please complete this form.

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: \_\_\_\_\_

Which year(s) have you volunteered for Camp Erin? 2016  2015  2014  2013  2012  2011

State your previous Camp Erin staff/volunteer role(s): \_\_\_\_\_

**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)  Camp Nurse (Pediatric RN required)
- Activities Floater/Helper  Photographer/Videographer (professional experience)

**Your Emergency Contact Information** (only required for positions attending camp weekend)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**PLEASE NOTE:** A current TB skin test is mandatory for all positions attending the the Camp Erin weekend. Background checks will be required for Cabin Big Buddies and Grief Activity Facilitators

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

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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.

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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@hbtb.org](mailto:camperin@hbtb.org)

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