



Camp Erin® of the Central Valley 2021 Volunteer Application

Thank you for your interest in volunteering at Camp Erin of the Central Valley, Fall of 2021!!!

In order to volunteer you must be at least 18 years old as of August 1, 2021 and have a high school diploma or equivalent.

Please make arrangements to attend the following, which are required for all camp volunteers:

- Volunteer Training – July 10, 2021
- Save Your Spot (meet your campers!) – August 6, 2021
- Camp Erin of the Central Valley – August 20-22, 2021
- Staff Post-Camp Debrief – To be determined
- Camper Reunion – To be determined

Volunteers are assigned on a first-come, first-served basis, based on the needs of the camp and campers. Many positions are dependent on the age and gender of campers which often aren't known until all camper applications are in and camp is full. We will endeavor to notify all volunteers of their assigned volunteer position as camper applications dictate.

Volunteers who apply after all positions are filled will be put on a wait list and notified when openings occur.

Volunteers will be contacted to schedule a required interview and complete the reference check process. Reference checks are not required for returning volunteers.

All volunteers will be required to complete and pass a background check.

MAIL/HAND DELIVERY:

Community Hospice
Attn: Camp Erin of the Central Valley
4368 Spyres Way
Modesto, CA 95356

FAX: 209.541.3294

SCAN & EMAIL: camperin@hospiceheart.org

If you have any questions please contact Camp Erin of the Central Valley at 209.578.6300.

Camp Erin of the Central Valley Volunteer Job Description

TITLE: Cabin Buddy

REPORTS TO: Camp Counselor

DUTIES: Cabin Buddy (CB) serves as a child's role model, mentor and anchor for the weekend and takes part in all aspects of camp alongside their campers.

REQUIREMENTS ARE THE FOLLOWING:

- Complete and submit an application
- Complete a phone or personal interview
- Complete a background check
- Attend trainings
 - New volunteers – To be determined
 - All volunteers – To be determined
- Attend Save Your Spot – To be determined
- Attend Camp Erin of the Central Valley – Summer 2021
- Attend Staff Post-Camp Debrief – To be determined
- Attend Camper Reunion – To be determined

CAMP WEEKEND:

CB's are on-site the entire weekend. All CB's assist with grief activities during camp in partnership with Staff under the supervision of the Camp Counselor.

Responsibilities of the CB's include, but are not limited to the following:

- Know where the campers in your assigned cabin are at ALL times!
- Create a positive, fun, supportive and energetic atmosphere for campers!
- Facilitate camper and cabin-group bonding
- Participate in and or facilitate sharing activities
- Eat all meals and share a cabin with assigned campers
- Ensure campers complete activity during scheduled time
- Move campers from activity to activity according to the camp schedule
- Being familiar with grief and medical history of each assigned camper before Save Your Spot event
- Any other duties as assigned by the Camp Director

QUALIFICATIONS:

High School diploma or equivalent. Must be 18 years of age by May 2021 and have a California Drivers License or a State Identification Card. Must have a professional attitude and sensitivity towards children and other volunteers. Must be highly motivated, energetic and creative, demonstrating the ability to work with children dealing with grief. Must be able to navigate safely in a camp environment which is rustic and physically challenging.

PERFORMANCE STANDARDS:

Must complete all Camp Erin of the Central Valley Volunteer Training segments. Must abide by all Camp Erin of the Central Valley policies and procedures, including but not limited to: Adult/Child Abuse & Domestic Violence Reporting, Harassment & Non-Discrimination, Job Safety, Sexual Abuse, Confidentiality/HIPAA, and Responsible Conduct.

I have read and understand this job description and agree to abide by this description with my volunteer work at Camp Erin of the Central Valley.

Cabin Buddy

Date

Applicant Information

* Required

1. **Full Name *** _____

2. **Name I prefer to be called *** _____

3. **Birthdate *** (mm/dd/yyyy) _____

4. **Gender ***

Male

Female

5. **Street Address *** _____

6. **City *** _____

7. **State *** _____

8. **Zip Code *** _____

9. **Phone Number *** (xxx-xxx-xxxx)

Best number to reach you during the day _____

10. **Cell Phone *** (xxx-xxx-xxxx) _____

11. **Email Address *** _____

12. **Occupation *** (If retired, former occupation) _____

13. **Company where you work, or if retired, formerly worked *** _____

14. **Military Affiliation ***

None

Active Duty

Reserves

Veteran

If affiliated, please identify which branch _____

15. **Previous Camp Erin Volunteer? ***

Have you volunteered at any Camp Erin before?

Yes

No

If Yes, where and when _____

16. **Why would you like to volunteer for Camp Erin of the Central Valley? ***

17. **What personal characteristics and experiences will aid in your ability to work with children/teens in a bereavement camp setting? ***

18. **Do you play a musical instrument, sing or have other artistic talents that you would be willing to share at camp? If so, please indicate.**

19. **Languages ***

Do you speak a language fluently other than English?

- Yes
- No

If yes, which language _____

20. **Ethnicity ***

For demographic purposes only.

Mark all that apply.

- African American
- Asian
- Caucasian
- Hispanic/Latino
- Native American
- Pacific Islander
- Multi-Race
- Other

21. **What age group do you prefer to work with at camp? ***

Select no more than two options.

- Ages 6-8
- Ages 9-10
- Ages 11-12
- Ages 13-14
- Ages 15-17

22. **Please provide us with your T-Shirt size ***

Mens sizes only.

- Small
- Medium
- Large
- X-Large
- XX-Large
- XXX-Large

23. **Professional Designation ***

Do you hold any of the following?

Mark all that apply.

- None
- LMFT
- LCSW
- Psychologist
- RN
- LVN
- MD
- MSW
- Associate Social Worker (ASW)

24. **Have you ever been convicted of a misdemeanor or felony? ***

- Yes
- No

If yes, please explain _____

25. **Emergency Contact *** _____

26. **Relationship *** _____

27. **Emergency Contact Phone Number * (xxx-xxx-xxxx)** _____

28. **Medical Conditions ***

Are there any medical conditions, mental health concerns, physical limitations (such as asthma, sleep apnea, recent surgeries) or other concerns that you feel the camp leadership should be aware of? Please be specific.

29. **Do you have any allergies? ***

- Yes
- No

If yes, please list here _____

30. **Food Allergies ***

Do you have any of the following? Be specific.

- None
- Nuts (any type)
- Dairy
- Soy
- Other: _____

31. **Do you have any dietary restrictions? ***

We can accommodate some dietary restrictions.

Mark all that apply.

- None
- Vegetarian
- Vegan
- Gluten Free
- Lactose Intolerant
- Other: _____

32. **Job Description ***

Camp will be hosted at the rustic and physically challenging Foothill Horizons Outdoor School in the foothills of the Central Sierra which is approximately 2,500 feet above sea level. I acknowledge that I have read the Cabin Buddy job description and acknowledge the requirements. Please initial. _____

33. **I acknowledge the required orientation and training dates and commit to attending all of them. ***

- Yes
- No

34. **Confidentiality Agreement ***

Camp Erin of the Central Valley Statement of Confidentiality * I understand that in the course of my volunteer work with Camp Erin of the Central Valley, I may learn certain facts about volunteers, campers and families that are of a highly personal and confidential nature. Examples of such information would include medical/mental health diagnosis, treatment, finances, living arrangements, sexual orientation, relations with family members, and the like. I understand that all such information must be treated as absolutely confidential. I agree not to disclose any information to any person outside of Camp Erin of the Central Valley. I further agree to abide by all requirements of my Camp Erin of the Central Valley role, including training. I also certify that the information supplied on this application is true and complete to the best of my knowledge. Please initial. _____

35. **Signature of Applicant *** _____

36. **Date *** _____