



Dear Volunteer Applicant,

Thank you for your interest in becoming a Camp Erin Volunteer! Camp Erin is a weekend-long overnight camp for children and teens (ages 7-17) that have experienced the death of someone close. It is a traditional, high energy, fun filled camp combined with grief support and grief education. The 2012 Camp will serve approximately 75 campers and will need 50 volunteers to ensure its success.

This year's camp will be held on August 24th -26th at Camp Bloomfield in Malibu, CA

There are many opportunities to volunteer for Camp Erin. Enclosed you will find the Volunteer Application, Volunteer Descriptions, and Camp Brochure, along with some other useful information. Please complete the entire application and return it to our offices at the address below. On your application please be sure to include any special interests, hobbies, talents, education, and training that you feel would contribute to Camp Erin.

Once the application has been reviewed, we will call you to schedule an interview. Volunteers are required to attend the entire camp weekend. Selections for volunteers will be based on schedule availability, flexibility, interest and experience. If you have questions, please do not hesitate to contact us.

Being a Camp Erin Volunteer requires a commitment of time and energy. You can count on approximately 9 hours of training prior to camp. The camp weekend is 48-hours of fun, rigorous and fulfilling work!

All NEW volunteers are required to attend two days of training.

Training Day 1 (Select one session to attend): Saturday, July 21st **OR** Saturday, August 4th
Held from 10am – 4pm both days at the OUR HOUSE West Los Angeles center

Training Day 2: Tuesday, August 21st **CAMP KICK-OFF!**
Held from 6pm – 8:30pm at the OUR HOUSE West Los Angeles Center

RETURNING volunteers are required to attend an advanced training: August 8th 6:30-8:30.
And the camp kick-off on August 21st 6-8:30 pm

***Please note that all volunteers will need to arrive to Camp Bloomfield at 11am on the Friday of camp weekend.**

If you would like to view a video from last year's Camp Erin, you can access the video by going to www.moyerfoundation.org and clicking on the Camp Erin tab.

Thank you for your interest in helping Camp Erin make a difference in the lives of grieving children and teens.

Warmly,

Jessica Krell

(310) 231-3187

JessicaK@OurHouse-Grief.org



THE MOYER FOUNDATION
Helping Children in Distress



2012 VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____
(Home) (Work) (Cell)

E-MAIL ADDRESS: _____

What is the best time/way to contact you? (e.g., Afternoon/email) _____

Emergency contact name: _____ Relationship: _____

Emergency contact phone: Day _____ Cell: _____ Evening: _____

SKILLS & INTERESTS: Please use the space below to describe special training, hobbies, interests or experiences that you feel could be valuable to your volunteer service (such as office skills, arts & crafts, games, writing, speaking, teaching, music, education, community or civic activities, personal goals, etc.). An opportunity to share a personal experience with grief is in a different section of this application.

Other languages you: speak _____ write _____ read _____

WHAT IS YOUR AREA OF INTEREST? (Check all that apply)

***Training is mandatory and will be provided. See enclosed form for position requirements.**

- Pre-Camp Planning
- Cabin Big Buddy
- Activities' Counselor

What age group are you most interested in working with?

- 6-8 9-10 11-13 14-17

Dietary requirements/restrictions? _____

T-Shirt Size (please circle one): S M L XL 2XL 3XL 4XL

HOW DID YOU HEAR ABOUT VOLUNTEERING FOR CAMP ERIN? _____

We provide a volunteer contact list to all camp volunteers to be used only for camp related communication.

May we include your contact information on this list: Yes (All) Yes (Email only) Yes (Phone only) No

PREVIOUS VOLUNTEER EXPERIENCE: (Include dates, name of organization and description of work)

DO YOU HAVE YOU ANY PERSONAL OR WORK EXPERIENCE INVOLVING THE FOLLOWING?

(Please check)

Children Camp Terminal illness Death of someone close Bereavement work

If yes, please briefly explain circumstances. Please specify your relationship to the person(s) who died and provide the date(s) of death.

DO YOU HAVE ANY EDUCATIONAL BACKGROUND OR TRAINING WHICH MAY BE HELPFUL AS A VOLUNTEER FOR CAMP ERIN? Explain and give dates. You may attach a sheet or resume if needed.

ARE YOU CURRENTLY EMPLOYED? Yes No

If yes, who is your employer: _____

Your occupation: _____

What days do you work? _____

Professional licensure, registration or certification: _____

Do you have a valid driver's license? Yes License # _____ State _____ No license

(If yes, we require a copy of your driver's license and proof of automobile insurance).

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please give date and explain.

A criminal background check is conducted on all staff and volunteers. Information to follow.

REFERENCES: Supply three personal/professional references with complete addresses:

Name	Address	City	Zip	Phone	Personal or Professional
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Name	Address	City	Zip	Phone	Personal or Professional
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Name	Address	City	Zip	Phone	Personal or Professional
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THIS SECTION IS OPTIONAL AND USED ONLY IN MAKING AN ASSIGNMENT

Do you have any physical restrictions that might affect your volunteer placement with Camp Erin?
(Example: bad back, hearing or visual problems) If so, please specify.

Please read carefully before signing and submitting your application.

I certify that the information supplied is true and complete to the best of my knowledge. I authorize all persons and institutions referred to in this application to provide OUR HOUSE with any information that is requested in connection with this application. I hereby release all of these persons and institutions and OUR HOUSE from any and all claims, liabilities, and damages for whatever reason arising from the verification process.

I understand that further steps in the application process may include checking of references, background checks, passing a drug screen, and satisfactorily completing a health evaluation required by this agency. I am willing to attend Camp Erin volunteer training. I understand that if I become a Camp Erin Volunteer, I agree to adhere to the standards of conduct/performance and the personnel policies of Camp Erin and OUR HOUSE.

Signature of Applicant

Date

OUR HOUSE does not discriminate against any person on the basis of race, color, national origin, handicap, or age in admission, treatment, or participation in its programs, services and activities, or employment.

Although we attempt to place every volunteer, we reserve the right to reject a volunteer candidate based on other criteria.

Mail completed application to:

OUR HOUSE,
Attn: Camp Erin
1663 Sawtelle Blvd, Suite 300
Los Angeles, CA 90025.

For questions regarding this application or anything relating to Volunteers, please contact:

Jessica Krell
Camp Director
(310) 231-3187
JessicaK@OurHouse-Grief.org