



2018 Camp Erin Lincoln

Volunteer Application Due

Friday, July 13

Mandatory Volunteer Training Session

(choose one, attendance is required)

Thursday, August 23

5:30 p.m. – 9 p.m. new volunteers

7:30 p.m. – 9 p.m. returning volunteers

Mourning Hope | 4919 Baldwin Avenue | Lincoln

Saturday, August 25

1:30 p.m. – 5 p.m. new volunteers

3:30 p.m. – 5 p.m. returning volunteers

Mourning Hope | 4919 Baldwin Avenue | Lincoln

Mandatory Pre-Camp Event

(get to know the campers, attendance is required)

Sunday, September 9

1 p.m. to 3 p.m.

Location in Lincoln to be determined

Camp Erin Lincoln

Friday, September 21

Saturday, September 22

Sunday, September 23

Carol Joy Holling Camp | 27416 Ranch Road | Ashland



2018 Camp Erin® Lincoln Volunteer Application



Camp Erin Lincoln is an annual, weekend-long camp for children and teens (ages 6-17) who are grieving the death of someone close to them. It will be held Friday, September 21 – Sunday, September 23 at Carol Joy Holling Camp in Ashland, Nebraska. For more information, please email Alyssa Christensen at achristensen@mourninghope.org, call 402.488.8989, or visit mourninghope.org. All applications must be completed and returned by **Friday, July 13, 2018**.

Volunteers must be 18 years of age or older. Volunteers need to be able to meet a criminal background check, participate in an orientation interview, attend all required volunteer trainings and relevant meetings. To provide consistent support for campers, we ask that you commit to attend the entire Camp Erin weekend.

Please note we may not be able to place all candidates due to the large number of applications received.

____ New Volunteer

____ Returning Volunteer

Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: ____/____/____

Employment Information: Name of Employer _____
Street Address _____
City, State, Zip _____
Telephone _____
Title/Position _____

I prefer to receive correspondence at: ____ work ____ home

Are you currently a college student? ____ yes ____ no
If "yes," where are you enrolled? _____

Are you an active, reserve or National Guard military member or military veteran? ____ yes ____ no
If "yes," what branch? _____

Race/Ethnicity (used for statistical purposes only, check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |

Educational Background/Training: _____

Volunteer Experience

Organization/Address	Position/Responsibility	Date(s) of Service

Please list three (3) professional or personal references that we may contact:

1.					
	Name	Street Address	City	State	Zip
	Email address	Relationship	Phone Number		
2.					
	Name	Street Address	City	State	Zip
	Email address	Relationship	Phone Number		
3.					
	Name	Street Address	City	State	Zip
	Email address	Relationship	Phone Number		

Are you currently charged with a felony, including but not limited to criminal neglect, abuse or assault? ____ yes ____ no

Have you ever been convicted of a felony, including but not limited to criminal neglect, abuse or assault? ____ yes ____ no

Is this your first time applying as a Camp Erin volunteer? ____ yes ____ no

If "no," when did you last apply? _____

How did you hear about the opportunity to volunteer at Camp Erin? _____

How would you like to volunteer at Camp Erin Lincoln? (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Planning/organization team (pre-camp) | <input type="checkbox"/> Arts and crafts |
| <input type="checkbox"/> Cabin Big Buddies (work with 5-7 kids, sleep in cabin with kids, go to each activity) | <input type="checkbox"/> Music and movement |
| <input type="checkbox"/> Group facilitator | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Registration table | <input type="checkbox"/> Recreation time leader |
| <input type="checkbox"/> Camp greeters | <input type="checkbox"/> Camp fire activity leader |
| <input type="checkbox"/> Outdoor activities (ropes course, luminary ceremony, etc.) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Help with snacks and meals | _____ |
| | _____ |

Why are you interested in volunteering for Camp Erin Lincoln?

Have you experienced the death of someone significant in your life? ☐ yes ☐ no

If "yes," who/how were you related? _____

If "yes," when was the death? _____

Do you have any dietary requirements/restrictions?

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

Which age group are you MOST interested in working with? ☐ 6-8 ☐ 9-10 ☐ 11-13 ☐ 14-17

Which are you NOT comfortable working with? ☐ none ☐ 6-8 ☐ 9-10 ☐ 11-13 ☐ 14-17

Do you speak, read or write any foreign languages? ☐ yes ☐ no

If "yes," what language(s)? _____

Emergency Contact Information

Name: _____

Phone Number: _____

Relationship: _____

****I have completed and reviewed this entire form and attest that the information provided is true. I also grant permission for Mourning Hope and Camp Erin to obtain information from my references and/or other volunteer organizations with which I have worked that may be pertinent to my application.***

Applicant Signature

Date

**Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, creed, religion, national origin, marital status, physical or mental handicap unless such discrimination is based upon occupational qualifications.*

Please contact Alyssa Christensen with any questions, and return application to:

Mourning Hope Grief Center

Attn: Camp Erin
4919 Baldwin Avenue
Lincoln, NE 68504

achristensen@mourninghope.org
402.488.8989

Application deadline is Friday, July 13, 2018

RELEASE OF INFORMATION

The Mourning Hope Grief Center strives to provide a safe environment for youth, caregivers, volunteers, contractors, staff and board members. Their security and safety is fundamental to the mission and purpose of Mourning Hope. Mourning Hope's **Background Investigation Program** is designed to provide a safe and secure environment in a manner consistent with the principle of evaluating each candidate's individual fitness for the position sought.

- The position for which I am being considered requires me to consent to a criminal background check as a condition of employment/volunteerism. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.
- The purpose of this check will be to determine if my name is being maintained on any registers as a result of previous abuse/neglect allegations, which have been investigated and have not been determined to be unfounded.
- To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.
- I hereby authorize Mourning Hope to complete a criminal background investigation.

Mourning Hope Grief Center
4919 Baldwin Avenue
Lincoln, NE 68504

Printed or Typed Name of Applicant/Employee

Social Security Number

Other names used in the past twenty years (please print or type)

Date of Applicant's Birth (Month/Day/Year)

Driver's License Number/State

Current Home Address of Applicant

Current City

Current State

Current Zip

Signature of Applicant

Date Signed