

## **2015 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 from Friday, September 25th – Sunday, September 27th at Carol Joy Holling Camp in Ashland, Nebraska. For more information, please call (402) 488-8989 or visit <a href="https://www.mourninghope.org">www.mourninghope.org</a>. All applications must be completed and returned by August 15th, 2015.

Volunteers must be 18 years of age or older and be in good physical condition. Volunteers need to be able to meet a criminal background check, participate in an orientation interview, and attend all required volunteer trainings and relevant meetings.

Please note that although we attempt to place every volunteer, we may not be able to place all applicants due to the large number of applications received.

New VolunteerR	leturning Volunteer
Name:	
	Cell Phone:
Email Address:	Date of Birth:
Employment Information:	Name of Employer
	Street Address
	City, State, Zip
	Telephone
	Title/Position
Are you an active, reserve o	ou enrolled?No or National Guard military member or military veteran? YesNo or National Guard military member or military veteran? YesNo
Race/Ethnicity (used for sta	atistical purposes only, check all that apply):
☐ African-American	<ul> <li>Native Hawaiian or Other Pacific Islander</li> </ul>
<ul><li>Native American</li></ul>	☐ Hispanic/Latino
□ Asian	□ Multi-Racial
<ul><li>Caucasian</li></ul>	□ Other:
Educational Background/T	raining:

	iteer Experience	Position/Resp	onsibility	Date(s	s) of Service
eas	e list three (3) pr	rofessional or perso	nal references tha	t we may contact:	
	ame		Street Address,	City,	State, Zip Code
Er	nail address		Relationship	Phone	e Number
Na	ame		Street Address,	City,	State, Zip Code
Er	nail address		Relationship	Phone	e Number
	ame		Street Address,	City,	State, Zip Code
_	nail address		Relationship		e Number
			r		
re y	ou currently cha	rged with a felony, in	icluding but not li	mited to criminal	neglect, abuse or
ssau	ilt?	Yes No			
		anniated of a follows:	a alvedina byt nati	limited to animina	al maglact abuse on
ssau	•	onvicted of a felony, a Yes No	•	innited to crimina	ii neglect, abuse or
Jour		100 110			
this	s your first time a	applying as a Camp v	<b>rolunteer?</b> Yes	No	
Vhy a	are you intereste	ed in volunteering fo	r Camp Erin Linco	ln?	
low v	would you like to	volunteer at Camp	Erin Lincoln? (sele	ect all that apply)	
	Cabin Big Buddi			Help with snacks	and meals
		es (work with 5-7 kid	S, $\Box$	Help with shacks	and means
	sleep in cabin w	es (work with 5-7 kid rith kids, go to each	S,	Arts and crafts	and means
	-	•	_	-	
	-	rith kids, go to each oup you're assigned)		Arts and crafts	
	activity with gro	rith kids, go to each oup you're assigned) r		Arts and crafts Music and/or dru	ımming
_	activity with gro	rith kids, go to each oup you're assigned) r		Arts and crafts Music and/or dru Photography	umming eader
	activity with gro Group facilitato Registration tab Camp greeters Planning and or	rith kids, go to each oup you're assigned) r ole ganization		Arts and crafts Music and/or dru Photography Recreation time l	nmming eader
	activity with gro Group facilitato Registration tab Camp greeters Planning and or	rith kids, go to each oup you're assigned) r ble		Arts and crafts Music and/or dru Photography Recreation time le Camp fire activity	nmming eader

Do you have any dietary requirer	nents/restrictions?	
T-Shirt Size (please circle one):	S M L XL 2XL	3XL
Which age group are you MOST in	nterested in working with?	
6-89-1011-13 _	14-17	
Which age group are you <u>NOT</u> coi	nfortable working with? (I	f none, leave blank)
6-89-1011-13 _	14-17	
Emergency Contact:		
	(Telephone)	(Relationship)
-	ng Hope and Camp Erin to o	hat the information provided is true. I obtain information from my references ked that may be pertinent to my
	Date	
*Federal and/or State law prohibits	discrimination on the basis of ag	ge, sex, race, color, creed, religion, national origi

## PLEASE CONTACT MOURNING HOPE WITH ANY QUESTIONS AND RETURN APPLICATION TO: **Mourning Hope Grief Center**

Attn: Camp Erin 4919 Baldwin Avenue Lincoln, NE 68504

cmason@mourninghope.org

(402) 488-8989

Application deadline is August 15th, 2015

marital status, physical or mental handicap unless such discrimination is based upon occupational qualifications.

## 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

Lincoln, NE 68504					
Printed or Typed Name of Applicant/Employee	Social Security Number				
Other names used in the past twenty years (please print or t	ype)				
Date of Applicant's Birth (Month/Day/Year)	Driver's License Number/State:				
Current Home Address of Applicant Including City and Zip					
Signature of Applicant	Date Signed				