

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 Code
Email address	Relationship	Phone Number	
2.			
Name	Street Address,	City,	State, Zip Code
Email address	Relationship	Phone Number	
3.			
Name	Street Address,	City,	State, Zip Code
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 volunteer? Yes _____ No _____

If No, when? _____

Why are you interested in volunteering for Camp Erin Lincoln?

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

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

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 Including City and Zip

Signature of Applicant

Date Signed