



**Willow Center, Inc.**  
**Camp Erin of the Lewis Clark Valley**  
 P.O Box 1361 Lewiston, ID 83501  
 (509) 780-1156 or [campdirector@willow-center.org](mailto:campdirector@willow-center.org)  
 (208) 791-7192 or [ed@willow-center.org](mailto:ed@willow-center.org)

**NEW VOLUNTEER APPLICATION FORM**

**Due: April 15, 2017**

**Camp Erin July 14-16,2017**

**Volunteers must be 21 years old prior to camp.**

**Please send application to address or email above.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City /State/ Zip: \_\_\_\_\_

Telephone:  
 Home (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_ Wk (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

What area would you be interested in volunteering for? *(Please check all that apply.)*  
 Training is mandatory for all positions and will be provided.

- |   |   |
|---|---|
| <input type="checkbox"/> Cabin Big Buddy      | <input type="checkbox"/> Archery                          |
| <input type="checkbox"/> Recreation Team      | <input type="checkbox"/> 'Let's Talk About Death'         |
| <input type="checkbox"/> Arts and Crafts Team | <input type="checkbox"/> Certified Lifeguard              |
| <input type="checkbox"/> Kitchen Team         | <input type="checkbox"/> Music/Music Therapy/Singing      |
| <input type="checkbox"/> Nurses/Safety Team   | <input type="checkbox"/> Skits/Storytelling/Entertainment |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Welcome & Registration           |

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

***Cabin Big Buddies Only:***

Camper Age Preference: \_\_\_\_\_

Have you any personal or work experience involving the following? *(Please check all that apply.)*

- Camp for children/teens   
  A terminal illness   
  Death of a loved one   
  Bereavement work

If yes, please explain. In the case of the death of a loved one, please specify your relationship to the person who died and the date(s) of death.

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Why would you like to volunteer at Camp Erin®?

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Do you have any educational background or training that may be helpful to you as one our Camp Erin Volunteers? Please explain.

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Do you have any special talents that you would be willing to teach/train volunteers for a station (musical, journaling, dance, photography, etc.)?

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Are you under investigation for or have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, please explain.

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**A criminal background check will be conducted on all staff and volunteers.**

REFERENCES: Please list the individuals from whom we can obtain a reference on your behalf. You may not use a relative as a reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 vision problems) If so please specify:

How did you hear about the Camp Erin volunteer program? \_\_\_\_\_

**Who should we notify in case of an emergency?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone: \_\_\_\_ ( ) \_\_\_\_ ( ) \_\_\_\_ ( ) \_\_\_\_\_

**T-Shirt Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Xlarge \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_**

**Do you have any food, insect or other allergies we should know about? If so, please explain:**

Ethnicity (OPTIONAL): Please check applicable box or boxes.

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> African American or Black                  |
| <input type="checkbox"/> White, non-Hispanic or Latino             | <input type="checkbox"/> Native American or Alaska Native           |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ |

**Our Camp Erin is part of a national initiative to serve as a resource to military families. Are you affiliated with the military (active, reserve, National Guard, veteran)? Yes/No (Circle)**

**If yes, what branch?** \_\_\_\_\_

**Applicants should be aware that as part of Camp Erin policy, the Camp Director will be contacting you for an interview and reserve the right to choose whether a volunteer is deemed appropriate for camp participation.**

**I certify that the information supplied is true and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

