



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
(208) 791-7192 or 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"/> Recreation Team | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Arts and Crafts Team | <input type="checkbox"/> 'Let's Talk About Death' |
| <input type="checkbox"/> Kitchen Team | <input type="checkbox"/> Certified Lifeguard |
| <input type="checkbox"/> Nurses/Safety Team | <input type="checkbox"/> Music/Music Therapy/Singing |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Skits/Storytelling/Entertainment |
| | <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.

Why would you like to volunteer at Camp Erin®?

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

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

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

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

