



## VOLUNTEER APPLICATION FORM

Due: April 8, 2024

Camp Erin July 12-14, 2024 at Camp Lutherhaven CDA Idaho

Volunteers must be 18 years old prior to camp.

Please e-mail your application to: [campdirector@willow-center.org](mailto:campdirector@willow-center.org)

Or mail to: 1714 G Street Lewiston ID 83501

Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Ok to Receive Texts: YES NO

What area would you be interested in volunteering for (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Arts and Crafts Team | <input type="checkbox"/> Nurses (RN License Required) |
| <input type="checkbox"/> Cabin Big Buddy      | <input type="checkbox"/> Photography                  |
| <input type="checkbox"/> Clinical Team        | <input type="checkbox"/> Recreation Team              |
| <input type="checkbox"/> Logistics            |   |

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

\*\*\*Cabin Big Buddies and Clinical Team Only\*\*\*

Camper Age Preference: \_\_\_\_\_ Big Buddy Partner Preference: \_\_\_\_\_

**You must be physically capable of doing all camp activities, which are swimming, recreation, walking, etc.**

**See volunteer calendar for required attendance.**

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

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

Preferred Emergency Phone: \_\_\_\_\_

**Choose One:**

- T-Shirt Unisex:       Small    Medium    Large    XLarge    XXL    XXXL
- T-Shirt Women's V-Neck    Small    Medium    Large    XLarge    XXL    XXXL

**\*\*\*For those wanting a v-neck also select unisex sizing in case we cannot get v-necks.\*\*\***

1. How did you hear about us?

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2. Why are you interested in volunteering with Camp Erin?

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3. Many of our volunteers join Camp Erin due to having a personal experience with death and/or terminal illness of a significant person in their life. Have you experienced the death of a significant person? Please explain:

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4. Please explain any relevant experience-this may include work, school, or volunteer experience. Do you have any other skills that may help you be effective at camp? This can include languages, personal skills, interests, or hobbies.

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References: List two individuals (non-family) from whom we can obtain a reference on your behalf.

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

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

Ethnicity/Race Please check applicable box or boxes.

African American/Black

Native American

Asian

Pacific Islander

White

Multi-Race

Hispanic/Latinx

Other (please list) \_\_\_\_\_

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  
If yes, which branch?

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Applicants should be aware that as part of Camp Erin policy, the Camp Director will be contacting you for an interview and reserves 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 \_\_\_\_\_ Date \_\_\_\_\_



## **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN BACKGROUND CHECK FOR EMPLOYMENT/VOLUNTEER PURPOSES**

*Please Read Carefully Before Signing the Authorization*

**For New Volunteer Information Form**

### **DISCLOSURE**

In considering you for employment and/or volunteer purposes, The Willow Center may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

#### **For explanation purposes:**

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment- related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act. (“FCRA”)

Under the FCRA, before The Willow Center can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action of the basis, in whole or in part, or information in that report, you will be offered a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize The Willow Center, Inc. to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and /or volunteer work. By my signature below, I authorize The Willow Center to obtain any such reports and to share the information received with any person involved in the employment/volunteerism decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current employer* for Employment and/or Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of The Willow Center.

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Applicant Signature

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Date



## PERSONAL DATA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

I have the right to make a request to The Willow Center or IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on my which IntelliCorp Records, Inc. has previously furnished within the two-year period preceding my request.

I certify that all of elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and/or volunteerism.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Lutherhaven Ministries**  
**Camp Lutherhaven, Shoshone Mountain Retreat, & McPherson Meadows Program**  
**Participant Information & Activity Release of Liability**



**Disclosure:** *Lutherhaven Ministries' programs at all of its sites include a variety of activities involving some degree of risk:*

- Group Activities that may expose participants to infectious diseases
- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Horseback Riding\*
- Swimming
- River Floating
- Canoeing
- Boating
- Hiking
- Biking
- Active Games
- Rigorous Physical Activities
- Other Activities Not Included Here

There is no way to eliminate any potential risk of injury, disability, or even death associated with camp activities. The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual's choice. All Lutherhaven Ministries program elements are built and conducted to industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury, disability, or even death while involved in any physical activity.

**Complete this form entirely!** Certain health information must be known to the facilitator(s) conducting programs so they are prepared to respond appropriately if health or emergency needs arise. This information is held in confidence, but may be disclosed for the health or safety of you or others, or as required by law.

Name of Group: \_\_\_\_\_ Date: \_\_\_\_\_

1. Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Is there *any* activity you do not want yourself or your child/ward to engage in? If yes, please specify the activity and the reason why you do not want them to engage in it.

\_\_\_\_\_

3. Do you or your child/ward have Health Insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, name of participants insurance company, group number and policy number.

\_\_\_\_\_

4. Do you or your child/ward have any physical disabilities or medical conditions (temporary or permanent) that may limit or jeopardize participation in active programs? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_

\_\_\_\_\_

5. Do you or your child/ward have any physical or medical conditions (temporary or permanent) that may put those around you at risk? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_

\_\_\_\_\_

6. Are you or your child/ward currently taking any medication (prescribed or over-counter)? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what and for what? \_\_\_\_\_

\_\_\_\_\_

7. Do you or your child/ward have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain: \_\_\_\_\_

\_\_\_\_\_

**(Over)**

**Release of Liability for claims not covered and paid by insurance:** I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I understand that attending Camp Lutherhaven and Shoshone Mountain Retreat may expose me to infectious disease. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability, or death in physical activities, and understand that each participant assumes the risk of participating in these activities. On behalf of myself and my child/ward, I release Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members from all liability for any injury, infection or condition arising out of my or my child's/ward's participation in any Lutherhaven Ministries activity or program, or arising from my or my child's/ward's use of Lutherhaven Ministries' property, to the extent not covered and paid by insurance.

**Indemnification and Hold Harmless:** In consideration for letting me or my child/ward attend a Lutherhaven Ministries activity and/or use Lutherhaven Ministries premises, I further indemnify and hold harmless Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members against any and all claims or actions arising out of my or my child's/ward's access to Lutherhaven Ministries premises or involvement in any Lutherhaven Ministries activity to the extent that the claim or action is not covered and paid by Lutherhaven Ministries' liability insurance.

**Photo Release:** Lutherhaven Ministries may use, reproduce, assign and/or distribute photographs or videos of myself and my child/ward for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs.

Date: \_\_\_\_\_ Applicant's Signature (If 18 years or older):  
\_\_\_\_\_

Parent's or Guardian's Signature (If participant is under 18 years old):  
\_\_\_\_\_

Parents or Guardian's Printed Name (If participant is under 18 years old):  
\_\_\_\_\_

Participant's Address:  
\_\_\_\_\_

Participant Phone: (\_\_\_\_\_) \_\_\_\_\_ Email:  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\*Horseback Riding requires additional liability release.



## 2024 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_ (print name of Parent/Guardian or Adult Participant),

understand that Eluna and Willow Center, Inc. (“**Local Camp**”) desire to use certain audio or visual works in which my child or I might appear (e.g., video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin® as a camper, employee, volunteer or visitor. I understand these audio or visual works may be used to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I also understand that, as part of my or my child's participation in Camp Erin, I or my child may be exposed to or experience Harm (defined below), including as a result of infection by COVID-19 (also known as SARS-CoV-2 or the coronavirus) (“**COVID 19**”). By this Consent and Release Agreement (“**Consent and Release**”) do hereby grant certain rights to Eluna and Local Camp and release Eluna and Local Camp from certain liabilities, on behalf of myself (if I am a camper, employee, volunteer or visitor) or on behalf of my child (if I am the parent or guardian of a minor camper, employee, volunteer or visitor). This Consent and Release Agreement confirms my child's and my grant of rights and our agreement is as follows:

**1. Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Local Camp, and each of their respective directors, officers, employees, agents, representatives, contractors, successors, and assigns the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, create derivative works from, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my child's Images and Remarks, in any form or manner, including in any electronic or non-electronic medium now known or later devised, in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose (“**Promotional Materials**”). I understand that this Consent and Release will cover all of my or my child(ren)'s future participation at any Camp Erin activities.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Local Camp all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Local Camp therefor.

**2. Contact.** Unless I opt out below, I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Local Camp. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Local Camp for such purposes, unless I opt out below.

**3. Release.** I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Local Camp, and each of their respective directors, officers, employees and advisors (collectively, the “Released Parties”) from any and all claims, demands, causes of action, damages (including without limitation direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation, whether intentional or unintentional, of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any use of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, “**Harm**”) that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin, including any Harm or infection caused by exposure to COVID-19 that I or my child(ren) may experience by attending Camp Erin activities. Camp Erin, Eluna, and Local Camp **cannot guarantee** that you/you and your child(ren) will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing this Consent and Release, I understand the contagious nature of COVID-19 and voluntarily assume the risk that I or my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Erin activities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp Erin activities may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Eluna, Camp Erin, Local Camp, and each of their respective directors, officers, employees, agents, volunteers, or program participants and their families. I understand that this waiver will cover all of my or my child(ren)'s future participation at any Camp Erin activities. I voluntarily assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself/to myself and my child(ren), including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at or participation in Camp Erin activities. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS. If any provision of this release is held to be invalid or unenforceable, then that provision shall be served, and all remaining provisions shall be given full force and effect.

(over please)



**4. Representations and Warranties.** I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Local Camp herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

**5. Binding Agreement.** This Consent and Release expresses the entire understanding between Eluna, Local Camp, me and my child, and supersedes any prior agreements and discussions between us with respect to the subject matter of this Consent and Release. In granting the rights herein, neither I nor my child have been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Local Camp and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Local Camp, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Local Camp may, in its sole discretion, assign or transfer some or all of this Consent and Release.

**6. Governing Law.** This Consent and Release will be governed by the laws of the State of Pennsylvania, without regard to its choice of law principles. The parties hereby submit to the exclusive venue and jurisdiction of the state and federal courts of Philadelphia County, Pennsylvania and waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

**7. Severability.** If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND LOCAL CAMP ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Participant or Parent/Guardian of Participant

Participant(s) is/are:  Youth Camper  Family Member  Volunteer  Visitor  Camp Erin Leadership/Staff Is

Participant an employee of the organization hosting Camp Erin?  Yes  No

**YOUTH PARTICIPANT INFORMATION** (if applicable)

Youth First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ADULT INFORMATION** (only one adult per consent)

Parent/Guardian/ Family Member / Volunteer / Visitor / Staff

Adult First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Phone Number:  Mobile  Home \_\_\_\_\_

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

I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant (if over the age of majority in state of residence) OR Parent/Guardian (if Participant is under the age of majority in state of residence)

**Additional details, use only as directed:**