



VOLUNTEER APPLICATION FORM

Due: April 7, 2025

Camp Erin July 11-13, 2025 at Camp Lutherhaven CDA Idaho

Volunteers must be 21 years old prior to camp.

Please e-mail your application to: 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 about camp: YES NO

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

Cabin Big Buddy- Provides camper support, facilitates in-cabin play time, & cabin bonding with Clinical. Stays in cabin at night.

Clinical Team - Role for clinical prof. & students getting M.S. in counseling - Paired with cabin. Runs grief circles and supports campers.

Nurses (RN License Required)

Photography

Logistics Team- Moves throughout camp assists with prep, tear down, A&C, Rec, welcoming families, registration, etc.

First Choice _____ Second Choice _____

Cabin Big Buddies and Clinical Team Only

Camper Age Preference: Littles Middles Teens 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?

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

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:

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.

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?

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 on the basis, in whole or in part, of 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.

Applicant Signature

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,
Bethany Center, and McPherson Meadows



Program Participant Information & Activity Release of Liability

Disclosure: *Lutherhaven Ministries' programs at any and 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 undertaken at 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 assumes the risk that he or she may suffer an emotional or physical injury, disability, or even death while involved in any Lutherhaven Ministries' program or activity.

Special infectious disease and Covid-19 statement: There is no way to eliminate any potential risk to infectious disease, including Covid-19. However, Lutherhaven monitors Center for Disease Control (CDC) and Panhandle Health guidelines and implements additional safety measures, as necessary.

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: Willow Center Date: _____

Participant Name: _____ Date of Birth: _____

1. 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. _____ No _____ Yes If yes, identify and explain: _____

2. 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: _____

3. 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: _____

4. Are you or your child/ward currently taking any medication (prescribed or over the counter)? _____ No _____ Yes

If yes, what and for what: _____

5. 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, Shoshone Mountain Retreat, Bethany Center, and McPherson Meadows may be physically or emotionally demanding. I understand that attending Camp Lutherhaven, Shoshone Mountain Retreat, Bethany Center, and McPherson Meadows 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, members, and volunteers from all liability for any injury, infection, condition, or death 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 my or my child's/ward's attendance at 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, members, volunteers 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 capture, use, reproduce, assign and/or distribute photographs or videos of myself and/or my child/ward for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs. I understand and agree that no monetary compensation or non-monetary benefits shall be provided in exchange for granting permission to capture and use the content.

Date: _____ Participant'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 Contacts

(1) Name: _____ Phone: (_____) _____

Relationship to Participant: _____

(2) Name: _____ Phone: (_____) _____

Relationship to Participant: _____

*Horseback Riding requires additional liability release.



2025 CAMP ERIN® PHOTO, PUBLICITY, AND LIABILITY CONSENT AND RELEASE

I, _____, (print name of Parent/Guardian/Caretaker or Adult Participant),

understand that Eluna desires to use certain audio or visual works in which I and/or my child, or any child under my care, including without limitation, the individuals identified in the “Youth Participant Information” section below (collectively, “**Children**”) might appear (e.g., video or photographs) and certain information about my Children or me, in connection with my participation, or the participation of my Children 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 Children’s participation in Camp Erin, I or my Children 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**”), I hereby grant certain rights to Eluna and release Eluna from certain liabilities, on behalf of myself (if I am a camper, employee, volunteer or visitor) or on behalf of my Children (if I am the parent, guardian, or caretaker of a minor camper, employee, volunteer or visitor). This Consent and Release confirms my Children’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 Children, hereby grant to Eluna and its 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 Children’s identity and my or my Children’s experience at Camp Erin, including without limitation my or my Children’s name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me and/or my Children, and any audio and video recordings of me and/or my Children or remarks and statements made by me and/or my Children (“**Images and Remarks**”); and, (b) create other materials or copyright-protected works using or incorporating my or my Children’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 Children’s future participation at any Camp Erin activities.

I waive any of my or my Children’s right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials using my or my Children’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 Children’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 all necessary rights to do the foregoing. To the extent moral rights in my or my Children’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 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. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna for such purposes, unless I opt out below.

3. Release. I, on behalf of myself and my Children, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and its 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 contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my Children or I may have, now or in the future, based on: (a) any collection, usage or adaptation, whether intentional or unintentional, of my or my Children’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 Children’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 Children, me or any third party as a result of, or in connection with, my or my Children’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 Children may experience by attending Camp Erin activities. Camp Erin and Eluna **cannot guarantee** that you/you and your Children will not become infected with COVID-19. Further, **attending Camp Erin activities could increase** your risk and your Children’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 Children 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 and 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 Children’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 Children, including, but not limited to, personal injury, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my Children may experience or incur in connection with my or my Children’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

(over please)

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 severed, and all remaining provisions shall be given full force and effect.

4. Representations and Warranties. I represent and warrant that: (a) my or my Children'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 Children'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 Children's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my Children, 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 herein granted, that this Consent and Release constitutes my or my Children'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 Children have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, me and my Children, 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 Children have been coerced or induced to do so by any representations or assurances by Eluna or its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna and me. The provisions hereof shall be binding upon me, my Children and my heirs, representatives, executors, administrators, and successors. Eluna 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 IS 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/Caretaker 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/Caretaker / 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/Caretaker (if Participant is under the age of majority in state of residence)

Additional details, use only as directed: