



Hospice Care Team
 11441 32nd Avenue North, Suite B.
 Texas City, TX 77591
 Phone: (409) 938-0070 / Fax: (409) 316-9575
 www.hospicecareteam.net



2016 Camp Erin[®] Houston Volunteer Application

Camp Erin[®] Houston is a grief support camp for children and teens (ages 6-17) that have experienced the death of someone close to them. It is an annual three-day weekend camp offered at no charge and facilitated by professional staff and trained volunteers. It will be held from Friday, July 15th - Sunday, July 17th, at Highland Creek Camp in Hitchcock, Texas.

Volunteers must be 18 years of age or older and be in good physical condition. Volunteers must complete a background check form, along with the application, and attend all required volunteer trainings. *Please note that although we attempt to place every volunteer applicant, we may not be able to place all applicants due to the large number of applications received.*

PERSONAL INFORMATION

PLEASE PRINT OR WRITE LEGIBLY

Full name: _____ I prefer to be called: _____

Circle one: I am 18 years old or older Yes No Date of birth: _____ Circle one: Male / Female

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Cell phone number: _____

E-mail address: _____

What is the best time/way to reach you? (e.g., evening/e-mail) _____

Emergency contact name: _____ Relationship: _____

Emergency contact phone number: _____

Have you experienced a personal loss in the last 2 years? Yes No

For demographic purposes, please indicate your ethnicity (please check all that apply):

- African American
- Asian
- Caucasian
- Hispanic/Latino
- Native American
- Multi-Race
- Other

If other, please specify: _____

Two Personal References (excluding family members) Please provide a complete address; references will be verified.

Name: _____ Phone number: _____

Address: _____ City/State/ZIP: _____

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Do you know a language other than English? Yes No

Language: _____ Speak Read Write

Dietary requirements/restrictions (specify): _____

T-shirt size (circle one): S M L XL 2X 3X 4X Other: _____

How did you hear about volunteering for Camp Erin?

____ Friend/family member ____ Internet ____ Newspaper ____ Newspaper/TV ____ Other: _____

VOLUNTEER INTERESTS (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Why are you interested in volunteering at Camp Erin?

Which camp committee(s) or role(s) are you interested in? (Check all that apply.)

Note: Cabin Big Buddies supervise and support a specific group of up to four campers throughout camp. Camp Counselors must have previous experience working with children in a clinical role (e.g., social work, school counselor, therapist, etc.).

- | | |
|---|--|
| <input type="checkbox"/> Cabin Big Buddy | <input type="checkbox"/> Planning/organization |
| <input type="checkbox"/> Welcome/registration | <input type="checkbox"/> Set-up/clean-up |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Snacks | <input type="checkbox"/> Games |
| <input type="checkbox"/> Other (specify): _____ | |

First choice: _____ Second choice: _____

What age group are you most interested in working with? (E.g., 6-12 yrs. or teens): _____

EXPERIENCE AND EDUCATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Volunteer experience:

<u>Organization</u>	<u>Duties</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

Life experiences (hobbies, skills, interests, talents): _____

Education/special training:

<u>School</u>	<u>Dates</u>	<u>Major/Topic</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____
_____	_____	_____	_____

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Recent employment history:

<u>Employer</u>	<u>Job Title</u>	<u>How long?</u>
Current:	_____	
Previous:	_____	

Military Service:

Are you an active duty military member or a military veteran?

- Yes
- No

If you answered "Yes", which branch? _____

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Please return to: Hospice Care Team, Inc.
Attn: Camp Erin Director
11441 32nd Avenue North, Ste. B
Texas City, TX 77591

E-mail: Rebecca.Deaton@hospicecareteam.org
Phone: (409) 938-0070
Fax: (409) 316-9575