**CAMP ERIN NEW YORK CITY**

August 28-30, 2020

VOLUNTEER APPLICATION

|  |  |
| --- | --- |
| **Full Name**First Middle Last | First Name Middle Name Last Name |
| **Nick Name** | Nick Name |
| **Address**Street AddressCity, State Zip | Current Street AddressCurrent City, State Zipcode |
| **Permanent Address**[if different from above]Street AddressCity, State Zip | Permanent Street AddressPermanent City, State Zipcode |
| **Cell Phone**###-###-#### | Cell Phone |
| **Home Phone**###-###-#### | Home Phone |
| **Email** | Email |
| **Social Security #** | SSN |
| **Gender** | Male/Female |
| **Date of Birth** | mm/dd/yyyy |
| **Marital Status** | Single/Married/Widowed/Divorced |
| **Race/Ethnicity** | Caucasian/Hispanic/African American/Asian/Multi-racial/other |
| **Military Affiliation** |       |
| **Emergency Contact Name** | Emergency Contact Name |
| **Emergency Contact #** | Emer Cont # |
| **Tshirt Size [S/M/L/XL/XXL]** | Tshirt Size |

**VOLUNTEER OPPORTUNITIES** (Mark appropriate boxes)

[ ] **Cabin Big Buddies** (CBB) - A CBB is a trained volunteer who will facilitate camper bonding by participating in activities, sleeping in the cabin and eating meals with assigned campers. A CBB will create a positive, fun, supportive and energetic atmosphere for campers.

[ ] **Activity Volunteers**- Describe what activities (i.e.: Waterfront, Art, Sports, Music, Nature, Ropes etc.) you would like to teach/assist and explain your level of proficiency and experience with these activities. (H.S., college, intra-murals, hobby, competitive etc.) Please indicate any certifications you may hold.

Click here to enter text.

[ ] **Grief Activity Facilitators** (GAFs)- GAFs are responsible for a group of campers during a scheduled grief activity. Explain your experience with grief counseling and indicate education and certifications you may hold.

Click here to enter text.

[ ] I UNDERSTAND THAT MY VOLUNTEER EXPERIENCE AT CAMP ERIN INCLUDES A TRAINING SESSION AND A MEET-AND-GREET WITH STAFF AND CAMPERS ON **Saturday, August 15, 2020**.

1. **WOULD YOU CONSIDER LIVING IN A BUNK WITH THE CAMPERS?** YES: [ ] NO: [ ]
2. **BRIEFLY DESCRIBE YOUR REASONS FOR WANTING TO VOLUNTEER TO WORK AT CAMP ERIN.** Click here to enter text.
3. **DO YOU HOLD AMERICAN RED CROSS CERTIFICATES?** [Check all that apply, with certification dates]

[ ] **Lifeguard** DATE: mm/yyyy

[ ] **Water Safety Instructor** DATE: mm/yyyy

[ ] **Small Crafts** DATE: mm/yyyy

1. **BRIEFLY DESCRIBE WORK OR VOLUNTEER EXPERIENCES RELATED TO CHILDREN** [Please attach your resume with details]: Click here to enter text.
2. **ARE YOU A FORMER CAMP ERIN CAMPER?**

YES: [ ] NO: [ ]

1. **HAVE YOU EVER BEEN CONVICTED OF A CRIME**, INCLUDING THAT OF CHILD ABUSE OR SEXUAL MOLESTATION?

YES: [ ] NO: [ ]

1. **HAVE YOU HAD A TETANUS SHOT WITHIN 10 YEARS OF CAMP DATE?** YES: [ ] NO: [ ]

**(Tetanus boosters are recommended every 10 years. If not up to date, we recommend getting a Tetanus booster prior to camp.)**

1. **DO YOU HAVE ANY ALLERGIES?** YES: [ ] NO: [ ]

**IF YES, please specify to what and the nature of your reaction:** Click here to enter text.

1. **ANY MEDICAL CONCERNS THE CAMP STAFF/NURSES SHOULD BE AWARE ABOUT?** Click here to enter text.

I authorize Camp Erin and/or its agents to conduct an independent background investigation and to request or receive any information including; criminal and motor vehicle reports, past employment, education and/or other references from any persons, schools or previous employers. In order to ascertain proper background information, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

 **Name (to act as signature):** Enter Full Name **Date:** mm/dd/yyyy

**RETURN APPLICATION AND ALL CORRESPONDENCE TO:**

**ANN FUCHS, Camp Director, Camp Erin New York City**

**2608 NE 34th Street, Fort Lauderdale, FL 33306**

**914-552-6919**

**afuchs@copefoundation.org**

Camp Erin NYC is always in need of donations, financial or otherwise. To make a donation to Camp Erin-NYC, call Ann at 914-552-6919 or mail a check, payable to CAMP ERIN NYC, to The Cope Foundation, PO Box 1251, Melville, NY 11747. Alternatively, you can go online at [www.copefoundation.org](http://www.copefoundation.org) and click on Camp Erin.