



Camp Erin Hamilton 2017 Volunteer Application

Thank you for your interest in volunteering with Camp Erin Hamilton. This portion of the package will give you a better idea of what it means to be a Camp Erin Hamilton volunteer and will hopefully help answer any questions you may have.

Volunteering at Camp Erin Hamilton is a big commitment of your time and energy, but, as past volunteers will tell you, it is a life-changing experience for campers and volunteers alike. **Please read over this helpful document to learn about the volunteer opportunities and other important information.**

Camp Erin Hamilton Volunteer Policies and Requirements:

As a volunteer, you are part of the Camp Erin Hamilton family. You will be a major part of the camp experience for the campers and therefore we ask that everyone conducts themselves accordingly.

Core Criteria - volunteers must have qualities of warmth and compassion, the ability to communicate clearly and effectively. Volunteers provide non-judgmental and empathetic support to campers throughout the weekend.

Personal Loss History - if you have experienced a loss in the past 12 months please determine your readiness to work with campers with the Camp Erin Hamilton Director. It is important to remember that camp is a time for children to grieve and heal. Volunteers are there to support them during that process.

Time Involvement - At Camp Erin Hamilton volunteers are responsible for the supervision and care of campers for three days. This is no small responsibility. You should plan to spend 2 - 3 evenings and 2 - 3 full days engaging in Camp Erin Hamilton training and team building activities leading up to the weekend at camp. This will make sure you are prepared for camp and that the weekend is a success for campers and volunteers. The two positions are Cabin Big Buddies and Grief Activity Facilitators.

Training - All volunteers are required to participate in an interview to see if they are the right 'fit' for Camp Erin Hamilton. Volunteers attending the camp weekend are **required to attend:**

- Camp Erin Hamilton Meet & Greet – Evening event – TBA
- Volunteer Training for Cabin Buddies and Grief Activity Facilitators – TBA
- Post Camp Reunion – held after camp to meet up again with campers TBA

Personal File and Police Check with Vulnerable Sector Screening - Volunteers must submit all required personal file documentation including personal references prior to starting active volunteer services.

Obtaining a **Police Check with Vulnerable Sector Screening can take a long time and it is a mandatory requirement.** You must obtain a **Vulnerable Sector Screening Police Check** for the **current year.** Returning volunteers must obtain a **new Vulnerable Sector Screening Police Check** for the **current year.** There is a fee and it can be done by going to your local Police Central Records Branch. You will require a letter stating that you are volunteering for Camp Erin Hamilton. Please email me, Karen Nowicki, Camp Erin Administrator, at knowicki@kemphospice.org and I will attach the required letter.



Transportation - All volunteers who attend camp travel up to camp together with the campers on a bus provided by Camp Erin Hamilton. More information on this will be provided at a later date.

Confidentiality – Information about campers is strictly confidential and all volunteers must sign a confidentiality form.

The BIG Picture

Camp Erin Hamilton is a three-day overnight camp for children and teens, ages 6 to 17, who have experienced the death of a significant person in their life. At Camp Erin Hamilton, children have an opportunity to be around other children who have experienced similar losses. The camp is located at Camp Wenonah, 1324 Bird Lake Road, Bracebridge, ON P1L 1X1, 705-645-3342.

We are looking forward to embarking on our fifth year of Camp Erin Hamilton and we are looking for approximately 30-40 volunteers to assist us. We are hoping to take up to 50 campers this year. It is vital that all camp volunteers play a role in keeping our campers safe and that the activities run as smoothly as possible.

Ways to Volunteer

Grief Activity Facilitators (GAF)

1. Meet with the Clinical Director to check in about campers and camp activities. Strong communication skills are important.
2. Serve as a support to the Cabin Big Buddies of two or three cabins, helping with any issues that may arise during the weekend.
3. Help plan and facilitate the various grief activities for campers and help the various teams as needed.
4. Help as needed throughout the year, in training or at meetings.
5. Attend the Camp Erin Hamilton Meet and Greet evening event to meet with the campers and assist them in getting to know one another - TBA.
6. Attend the Volunteer Appreciation and Post Camp Reunion events - TBA.

Cabin Big Buddies (CBB):

1. Responsible for the four to six children in your cabin for the entire weekend. Some cabins may have 2 or 3 buddies in them at a time. Eat all meals and share a cabin with assigned campers.
2. Participate in pre-camp training to develop skills concerning your awareness of hearing camper stories and your personal boundaries.
3. Greet the campers in your cabin and facilitating rule setting and cabin-group bonding.
4. Responsibility to know where your campers are at **ALL** times and to accompany them to each activity on time per the camp schedule.
5. Ensure that coverage of campers is maintained at all times, even during break time.
6. Update and communicate with Grief Activity Facilitators and the Clinical Director throughout camp as needed.
7. Attend the Camp Erin Hamilton Meet and Greet to meet with the campers and assist them in getting to know one another - TBA.
8. Attend the Volunteer Appreciation and Post Camp Reunion events - TBA.



Volunteer Application

Camp Erin Hamilton is an annual weekend camp for children and youth (ages 6 to 17) who are grieving the death of a loved one. **Friday, June 9th to Sunday, June 11th, 2017** marks the fifth annual Camp Erin Hamilton. Camp will be held at Camp Wenonah in Bracebridge, Ontario. For more information please contact Karen Nowicki, Camp Erin Hamilton Administrator, at 905-387-2448 ext. 2208 or email knowicki@kemphospice.org.

Volunteers must be 18 years or older and be in good physical condition. All volunteers must complete a police check with vulnerable sector screening. They must attend all required volunteer trainings and relevant meetings. 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. You will be contacted for an interview following your submission if application requirements are met. **Applications must be submitted by March 31, 2017.**

PERSONAL INFORMATION (PLEASE PRINT)

Full Name: _____ I prefer to be called: _____

Check one: I am 18 years or older Yes No

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Day: _____ Evening: _____ Cell: _____

Email Address: _____

What is the best time/way to reach you? Morning Afternoon Evening

Phone Email

Emergency contact name: _____ Relationship: _____

Emergency contact phone: Day: _____ Evening: _____



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

VOLUNTEER INTERESTS (Attach extra sheet if you need more space)

Why are you interested in volunteering at Camp Erin Hamilton?

Which Camp role(s) are you interested in? (check all that apply)

At Camp: Cabin Big Buddy Grief Activity Facilitator

First choice: _____ Second choice: _____

What age group are you most interested in working with? (e.g., 6 - 9 years or teens): _____

Dietary requirements/restrictions (specify): _____

Do you have any health concerns that may affect your functioning as a volunteer?

(Please specify any chronic conditions (e.g. back injuries, allergies)

T-shirt Size (check one): S M L XL 2X 3X 4X

Male Female

How did you hear about volunteering for Camp Erin?

Friend/family member Internet Flyer Other: (please specify) _____

We provide a volunteer contact list to all camp volunteers to be used for communication related to camp only.

May we include your contact information on this list? Yes (all) Yes (email only) No



EXPERIENCE AND EDUCATION (Attach extra sheet if you need more space)

VOLUNTEER EXPERIENCE:

Organization	Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Languages spoken: _____

EDUCATION / SPECIAL TRAINING:

School	Dates	Major/Topic	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever received Grief and Bereavement training? Yes No

If yes, please describe: _____

RECENT EMPLOYMENT HISTORY:

	Employer	Job Title	How long?
Current:	_____	_____	_____
Previous:	_____	_____	_____
	_____	_____	_____



Do you have experience working with children and/or teenagers?

Yes

No

If yes, please provide details (setting, age range of children/teenagers, etc.)

Are there any additional experiences/qualifications you have that you feel would make you a good Camp Erin Hamilton volunteer?



Please read the following carefully before signing this application form.

I understand that the information provided in this application form is on permanent file with the Dr. Bob Kemp Hospice, will be kept confidential, and will be used only to assist in the Dr. Bob Kemp/Camp Erin Hamilton screening process and then in making the best possible placement for me in an appropriate volunteer position.

I also understand that the following will be required:

- A police reference/ vulnerable sector check as part of the screening process
- Attending volunteer training and relevant meetings
- Abiding by the Camp Erin Hamilton Policies and Procedures

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

Signature: _____ **Date:** _____

Please return by March 31, 2017 to:

Dr. Bob Kemp Hospice
Attention: Karen Nowicki, Camp Erin Hamilton Administrator
277 Stone Church Road East
Hamilton, Ontario L9B 1B1

Email: knowicki@kemphospice.org
Phone: 905-387-2448 ext. 2208
Fax: 905-387-7822



Volunteer Personal References

1. Please contact TWO people who will act as references for you (Note: must be 20 years of age, should know you for more than 2 years, e.g. friend, neighbour, co-worker, clergy, employer, doctor, lawyer).
2. Please do not use family members, spouse, or partner as references.
3. List their names and contact information. (Email required)
4. One written reference may be attached with the application.
5. Sign the release statement below.
6. Return this form and any written reference with your application.

Name of Volunteer: _____

Reference #1

Name: _____ Phone #: _____

Email: _____
(please include)

Relationship: _____

Reference #2

Name: _____ Phone #: _____

Email: _____
(please include)

Relationship: _____

Release Statement:

I, _____ (please print), will contact the people listed above as personal references. I give my permission to Camp Erin Director and Administrator to contact these individuals.

Signature: _____ Date: _____

For office use only:

Reference #1: Date Received

Reference #2: Date Received



2017 CONSENT AND RELEASE AGREEMENT

I, _____ understand that The Moyer Foundation desires 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®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to The Moyer Foundation and release The Moyer Foundation from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my child's and my grant of rights and our agreement 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 The Moyer Foundation, its employees, agents, representatives, contractors, successors, and assigns (the "Foundation") the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable, right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, 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) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks, and to create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin and for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

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 of The Moyer Foundation 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 The Moyer Foundation 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 The Moyer Foundation therefor.

2. Contact. I agree to receive information/news/updates and other communications, in hard copy, electronic, via telephone and other means, from The Moyer Foundation. I hereby consent to collection and disclosure of my mailing address, email address, and phone number to the Foundation for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless The Moyer Foundation and its directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty, tort (including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may now or in the future have based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived there from, 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 utilization 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 or 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. IF I AM THE PARENT OR LEGAL GUARDIAN OF A CAMPER, EMPLOYEE, OR VOLUNTEER, 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 RELEASED CLAIMS.

(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 The Moyer Foundation 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 The Moyer Foundation, my child, and me, and supersedes any prior agreements and discussions between us with respect to my child's or my Publicity Rights. In granting the rights herein, my child and I have not been coerced or induced to do so by any representations or assurances by The Moyer Foundation, its agents or representatives. This Consent and Release may be amended only by written instrument signed by The Moyer Foundation and me. The provisions hereof shall be binding upon my child, me and my heirs, representatives, executors, administrators, and successors. Foundation may, in its sole discretion, assign or transfer all or portions of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby waive any objection to and submit to the venue and jurisdiction of such court (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, it is my intention and understanding that 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 FOUNDATION 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: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Volunteer Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: _____ / _____ / _____

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____ City, Province, Postal Code: _____

Phone Number: Mobile Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)