

CAMP ERIN VOLUNTEER APPLICATION REFERENCE FORM

*New volunteers are required to submit THREE reference forms.
Former Camp Caring volunteers must submit ONE reference form.*

NAME OF APPLICANT: _____

Has applied to CaringMatters to serve as a volunteer at our teen bereavement camp, Camp Erin.
(Applicants-please check the appropriate box.)

- Cabin Big Buddy- Big Buddies participate alongside campers throughout the entire weekend. Big Buddies sleep in the same dorms as campers.
- Grief Activity Facilitators- Facilitators will lead bereavement activities with groups of Campers and Big Buddies.
- Camp Nurse– The Camp Nurse is responsible for all health-related issues at Camp Erin. The camp nurse must have a current RN licensed and be licensed appropriately in Maryland and have knowledge of health issues of girls and boys ages 6 to High School.

Please place an "x" in the appropriate column.

VOLUNTEER QUALITIES	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNKNOWN
WARM/FRIENDLY				
NON-JUDGMENTAL				
COMPASSIONATE				
RELIABLE				
SENSE OF HUMOR				
RESPECTFUL OF CAMPER CONFIDENTIALITY				
OPTIMISTIC				
LEVEL-HEADED IN TIMES OF CRISIS				
ABLE TO SET LIMITS				
WILLING TO LISTEN				
HONEST				
DEMONSTRATED ABILITY TO WORK W/CHILDREN*				

*ages 6-17

Please give one or more examples illustrating the applicant's ability to interact with children.

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Any other information about the applicant you would like to share?

If this applicant receives the proper training and supervision, would you recommend him/her to be a volunteer at Camp Erin? Yes No

Thank you for your time. Please turn in the completed form to:
CaringMatters, 518 S. Frederick Ave., Gaithersburg, MD 20877

Fax: (301) 990-4909

Email: evac@caringmatters.org

If you have any questions, please call (301) 869-4673

Print Name of Person Completing Form _____

Relationship to Volunteer _____

Address _____

Telephone _____

Signature Date _____