



## Camp Erin, Montgomery County, Maryland 2020 Volunteer Application

Dear Applicant,

Thank you for your interest in volunteering for Camp Erin! Camp Erin 2020 will be held on **October 10th and 11th 2020**. Camp Erin will be located at the Bar-T Mountainside, 2914 Roderick Rd, Urbana, MD 21704.

Please complete and return the enclosed packet **by Monday August 31st, 2020**. New volunteers to CaringMatters will be contacted to arrange an introductory meeting with a CaringMatters staff member.

**In accordance with Maryland State Law, anyone working with children must have a background check. Please sign the enclosed agreement form which gives CaringMatters permission to seek a state-wide check of your name for any misdemeanors or felonies on record.**

Things to remember:

- New volunteers must submit 3 reference forms. Returning Camp Caring or Camp Erin volunteers must submit 1 reference form.
- The **Camp Erin Kickoff Event** will be held on **Saturday September 26th, 2020 from 3-4:30pm**. The purpose of the kickoff is to give campers and families the opportunity to become acquainted with one another and the camp staff. It is important that all volunteers attend this event. Event location is Bar-T Mountainside, 2914 Roderick, Rd. Urbana, MD 21704.
- **On Saturday September 26th, 2020** there will be a **one day training session**. The time of the training is 9:00am to 2:30pm. All those involved in Camp Erin are required to attend.

**\*\*Please upload/attach a photograph of yourself with your application.**

Thank you for your interest in camp this year. If you have any questions or concerns, you may contact Zema Meseretu, the Camp Erin Director at [zemam@caringmatters.org](mailto:zemam@caringmatters.org) 301-869-4673.

**Please mail, email or fax to:**

CaringMatters  
Camp Erin  
518 South Frederick Avenue  
Gaithersburg, MD 20877-2325

Fax: (301) 990-4909  
[zemam@caringmatters.org](mailto:zemam@caringmatters.org)

Most sincerely,

Zema Meseretu  
Camp Erin Coordinator (301) 869-4673  
[zemam@caringmatters.org](mailto:zemam@caringmatters.org)

**Office use only**

Date application  
received \_\_\_\_\_



## APPLICANT RELEASE AND AUTHORIZATION FORM FOR BACKGROUND CHECK

I hereby authorize CaringMatters or other authorized representatives of the organization bearing this release, or copy thereof, to obtain any information pertaining to criminal and/or civil court records. I hereby direct you to release such information to CaringMatters or other authorized representatives of the organization.

I hereby fully release and discharge CaringMatters, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for employment/volunteer purposes.

Name: \_\_\_\_\_  
(First, Middle, Last — Print Clearly)

Current Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

Professional Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_

Employer	Primary Duties	Dates of Employment
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With what age group of campers do you prefer to work? ☐ 6-9 ☐ 10-14 ☐ 15-17

Your T - Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

**Bereavement History:** *This will be especially helpful when assigning Big Buddies to camper groups.*

RELATIONSHIP	DATE OF DEATH	YOUR AGE AT TIME OF DEATH	CAUSE OF DEATH

### Health Information and History

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Hearing impairment  |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Physical challenges |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Seizures            |
| <input type="checkbox"/> Emotional challenges | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Heart disease        |  |

1. Explain any checked items and provide any additional pertinent information concerning your health.

\_\_\_\_\_

2. Are you currently under a physician's care? ☐ Yes ☐ No

3. Are you restricted from participating in physical activity? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

4. Do you have any dietary restrictions? (allergies, faith-based reasons, etc.) ☐ Yes ☐ No

If yes, please explain what your restrictions are: \_\_\_\_\_

I am unaware of any health reason, other than those indicated, that would preclude me from participating in any Camp Erin activity.

**Signature**

**Date**

## AUTHORIZATION FOR MEDICAL TREATMENT

If a medical emergency occurs during my participation in Camp Erin, and I am unable to speak for myself, I consent to:

- \* The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or the First Responder chosen by the Camp Erin director.
- \* The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

\*You will be transported to the closest medical care facility

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_ Group number: \_\_\_\_\_

## CAMP ERIN RELEASE OF LIABILITY

I understand and agree that CaringMatters, the Board of Directors, staff and volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while I attend Camp Erin.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## VOLUNTEER PUBLICITY PERMISSION

Videotaping and/or photography may occur during camp activities. This material may be used for future publicity for CaringMatters Personal comments and interviews may also be published by local media. I agree to being interviewed and having my comments and/or picture used for such purposes. **I also agree not to take pictures in any manner at Camp Erin knowing that parents/guardians of our campers may not give permission to take photographs.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF SEXUAL ABUSE POLICY

I acknowledge that I have received and read Camp Erin's sexual abuse policy and/or have had it explained to me. **I understand that Camp Erin will not tolerate the commission of sexual abuse by any employee, volunteer, board member or third party.** Disciplinary action will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I understand how to report incidents of sexual abuse as set forth in the abuse policy, including actions of retaliation against any employee/volunteer who reports sexual abuse or who participates in any related investigation.

I acknowledge that Camp Erin may terminate my employment/service with or without cause or notice in relation to a violation or a suspected violation of this policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CAMP ERIN ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF CONFIDENTIALITY AND  
NON-DISCLOSURE POLICIES**

I acknowledge that I have received and read Camp Erin's confidentiality and non-disclosure policy and/or have had it explained to me. **I understand that Camp Erin will not tolerate the dissemination of confidential information of any nature by any employee, volunteer, board member or third party.**

I understand that it is my responsibility to abide by all rules contained to the policy. I also understand how to report the mishandling of confidential information, in particular the personal information released to and/or the photographs taken of any child currently or previously attending Camp Erin, and as set forth in the confidentiality and non-disclosure policy. I will not use my cell phone in the presence of campers unless it is for an emergency.

I acknowledge that Camp Erin may terminate my service with or without cause to notice in relation to a violation to a suspected violation of this policy.

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**Signature**

**Date**



## 2020 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, \_\_\_\_\_, understand that Eluna 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® as a camper, employee or volunteer. 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. 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 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 confirms my child'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 child, 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 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) create other materials or copyright-protected works using or incorporating my or my child'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 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 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 Eluna 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 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 child, 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 contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child'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 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, 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. 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 HARM OR 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 Eluna 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 Eluna, me and my child, 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 child 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 child 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: 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, State and Zip: \_\_\_\_\_

Phone Number: ☐ Mobile ☐ Home \_\_\_\_\_

Guardian/Volunteer/Staff Email: \_\_\_\_\_

☐ I hereby opt out of receiving non-essential Eluna communications, such as newsletters and updates.

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)





## Participant Agreement

**Name of Group :** \_\_\_\_\_

I, as a participant/parent of a participant in a program or outing at Bar-T Mountainside's Challenge & Retreat Center, understand that the Challenge & Retreat program at Mountainside has taken reasonable steps to ensure that all aspects of the program (including but not limited to challenge course; including high and low experiences, rock climbing, hiking, swimming, environmental activities, paintball, and sports) are conducted in a safe manner.

I/we further understand and accept that certain risks in the program activities and in the natural setting of the program at Mountainside cannot be eliminated without destroying the unique character of the program. These risks include but are not limited to the possibility of slips, falls, pinches, scrapes, twists and jolts that could result in bruises, sprains, lacerations and fractures. During participation in the program, a participant may also come in contact with plants or insects that could create hazards such as allergies. I, as a program participant or parent or guardian of a program participant, understand that the above description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death, and I/we certify that the program participant is capable of participating in this program; therefore, I/we agree to assume full responsibility for any bodily injury that may result from the inherent risks and for my/my child's own negligence, if any, while participating in the program. I also hereby authorize Bar-T Mountainside Challenge & Retreat Center (CRC) to utilize any photo/video or any other media containing images/sounds of myself/my child for promotional or other use.

I/we have read, understood, and accepted the terms of the agreement and have completed the medical and special needs information of this section (below) to the best of my knowledge. I/we acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative(s), estate, and for all members of my family.

X \_\_\_\_\_  
**Signature of Participant/Parent Guardian                      Date                      Print Name**

Please complete if participant is a minor.

The undersigned does hereby appoint the Challenge & Retreat Center at Mountainside and its employees and agents as our agent (standing in loco parentis) to make health care decisions on behalf of participant during the period that our child is participating in activities sponsored by the Challenge & Retreat Center at Mountainside. We acknowledge that the CRC and its employees and agents shall not be liable for the costs of medical treatment given pursuant to this authorization.

X \_\_\_\_\_  
**Signature of Participant/Parent Guardian                      Date                      Print Name**

### MEDICAL INFORMATION

The following medical and special needs information is needed to enable the program staff to be sensitive to participant needs and to modify program elements where appropriate. **PLEASE PRINT RESPONSES.**

Participant Name: \_\_\_\_\_ (Parent) Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Please list any physical limitations including allergies (to what, reaction and medical attention required); disabilities; medical restrictions; recent illnesses, injury, or operations; ongoing health conditions (heart trouble, high or low blood pressure, diabetes, epilepsy, etc.); and special needs the program staff may need to know about the participant:

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_