



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 **May 15, 16, and 17**. 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 April 27th, 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 May 2, 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 May 2, 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 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

Most sincerely,

Zema Meseretu
Camp Erin Coordinator (301) 869-4673
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: _____

Name: _____ Date: _____ Gender: _____ DOB: _____

Address: _____

Telephone: _____

Daytime Evening Mobile

Email address: _____

Other than English, what language(s) do you speak? _____

Race/Ethnicity:

☐ American Indian or Alaska Native ☐ Hispanic/Latino

☐ Asian ☐ Middle Eastern/Arab

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

☐ White/Caucasian ☐ Multiracial

Are you affiliated with the military? (active or reserve military member or veteran?) ☐ Yes ☐ No

If yes, what branch? _____

Highest level of education: ☐ High School ☐ Some College ☐ Undergraduate ☐ Post-Graduate

Focus of study (If above high school): _____

Employer	Primary Duties	Dates of Employment
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1. Have you volunteered at Camp Erin before? ☐ Yes ☐ No

Have you volunteered at Camp Caring before? ☐ Yes ☐ No

2. Please explain why you wish to volunteer at Camp Erin.

3. Please write about your previous experience working with children.

4. Is there any other experience you would like to mention?

5. Do you have a special skill that you may want to share at camp? (i.e. instruments, crafts, sports)

For which volunteer position are you applying? ☐ Big Buddy ☐ Grief Activity Facilitator ☐ Activity Leader

☐ Nurse ☐ Engineer ☐ Runner ☐ Communication ☐ Photographer ☐ Food Prep

Are you committed to stay the entire time, both day and night times? ☐ Yes ☐ No

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.

Signature

Date



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

I, _____, understand that Eluna and CaringMatters desire 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 Eluna and CaringMatters and release Eluna and CaringMatters 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 and my child's 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 Eluna, CaringMatters, and each of their respective employees, agents, representatives, contractors, successors, and assigns Eluna and CaringMatters 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"); (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 (c) 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 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 Eluna or CaringMatters 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 and CaringMatters 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 or CaringMatters therefor.

2. Contact. I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and CaringMatters. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and CaringMatters 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 Eluna and CaringMatters, and each of their respective 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 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 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, 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.

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

(over please)

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 and CaringMatters 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, CaringMatters, me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have not been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or CaringMatters and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, CaringMatters, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and CaringMatters may, in its sole discretion, assign or transfer some or all 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 submit to the venue and jurisdiction of such court 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, 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 ELUNA AND CARINGMATTERS ARE 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: _____

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 # _____