

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.

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 CONFIDENCE				
OPTIMISTIC				
LEVEL-HEADED IN TIMES OF CRISIS				
ABLE TO SET LIMITS				
WILLING TO LISTEN				
HONEST				
ABLE TO INTERACT WITH CHILDREN				

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: zemam@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 _____