

For Office Use

Date received _____
Application _____
Photo Release _____
Valuables Release _____
Confidentiality Agreement _____
Background Check _____
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Vol. Assign. _____

**Annie's Hope
presents**

**Camp Courage and Camp Erin-St. Louis
Around the World**

June 5th - June 11th and June 11th - June 16th 2009

Volunteer Application

Due by Friday, May 1, 2009

Thank you for widening the circle of support for grieving kids.

Name: _____ Date: _____

Nickname: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Age: _____ Date of Birth: _____

Driver's License Number & State: _____ Social Security Number: _____

School/Other Address (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Employer (if applicable): _____

Supervisor's Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Can we call you at work? Yes or No (Please circle) Work Phone: (____) _____

Do you have a religious affiliation? If so, please list which religious group.

(some grant applications ask for the number of persons involved in the organization with a particular religious affiliation)

To which camp are you applying? Camp Courage _____, Camp Erin- St. Louis _____, Both _____

Have you volunteered at Camp Courage before? YES NO If so, in what capacity? _____

If so, what years have you volunteered? 1999 _____, 2000 _____, 2001 _____, 2002 _____, 2003 _____, 2004 _____, 2005 _____, 2006 _____, 2007 _____, 2008 _____

How did you learn about Annie's Hope & CAMP COURAGE/CAMP ERIN-ST. LOUIS?

Please explain why you would like to volunteer for CAMP COURAGE/CAMP ERIN-ST. LOUIS.

What do you hope to gain from volunteering for CAMP COURAGE/CAMP ERIN-ST. LOUIS?

What talents, experiences, skills, knowledge, languages, etc. can you offer to the kids of CAMP COURAGE/CAMP ERIN-ST. LOUIS?

In what way would you like to volunteer for **CAMP COURAGE/CAMP ERIN-ST.LOUIS.** Please check your area(s) of interest.

Cabin Counselor ____ Helping Hand ____ Activity Coordinator ____ Cabin Counselor Training ____
Helping Hands Training ____ Arts & Crafts Coordinator ____ Arts & Crafts Helper ____ Camp Nurse ____
Volunteer Recruitment ____ Lead Facilitator* ____ Co-facilitator** ____

*Lead Facilitator would be responsible for the planning, implementing, and evaluating of support session for their cabin.
**Co-facilitator would assist the lead facilitator in planning, implementing, and evaluating the support session for their cabin.

If you desire to be a Cabin Counselor, what age and sex of campers would you prefer? Please choose a 1st & 2nd preference.
Male ____ Female ____

6-7 year olds ____, 8-9 year olds ____, 10-12 year olds ____, 13-15 year olds ____, 16-18 year olds ____

What are your Camp Courage/Camp Erin – St. Louis apparel preferences? You will receive two shirts for each camp.
Two Polos__ One Polo/One T-shirt__ Two T-shirts__ What size do you prefer? S__ M__ L__ XL__ 2X__ 3X__

Do you have skills in any of the following areas? Certified Lifeguard ____ Playing the guitar or keyboard ____
Fishing ____ Singing ____ Photography ____ Nature/Hiking ____ Archery ____ Challenge Course Certification ____
Orienteering ____ Canoeing ____ Drama ____ Dancing ____ Drawing/Painting ____ Claywork ____ Sports ____

The children, teens and adults that we serve depend on us to find reliable, safe, committed volunteers. With that in mind, we need to ask a few tough questions. Please answer them honestly and completely. All answers are strictly confidential.

Grief and loss can occur in a variety of ways, such as, death, divorce, moving, job changes, remarriage, disease, etc. Please describe any major losses you have experienced. Include when the loss occurred, how it affected you, how you have coped with the loss, and how you think the experience will enhance or impede your ability to volunteer for **CAMP COURAGE/CAMP ERIN-ST.LOUIS**. (If more space is needed, please use the other side).

CAMP COURAGE/CAMP ERIN-ST. LOUIS volunteers are a wealth of experiences and talents. Please share yours with us.

Please provide your educational background

High School: _____ Graduation Date: _____
College: _____
Degree studied/completed: _____ (Anticipated) Graduation Date: _____

Please provide us with your work history for the past 5 years starting with the most recent.

Employer	Job Title	Supervisor	Phone Number	Dates

Please list any prior volunteer involvement you have had interacting with children and adolescents. Include other camps, agencies or organizations, such as, Big Brothers/Big Sisters, Sunday School, Girl or Boy Scouts, Little League, room mother, etc.

Organization/Group	Address	Phone	Contact	Dates

Please list three references (not relatives) who you have known for at least a year:

1. Name: _____
Relationship: _____

Address: _____
Phone: _____
Length of Relationship: _____

2. Name: _____
Relationship: _____
Address: _____
Phone: _____
Length of Relationship: _____

3. Name: _____
Relationship: _____
Address: _____
Phone: _____
Length of Relationship: _____

Any Additional Comments: _____

Is there anything we need to know about your medical, emotional, physical or spiritual needs that would help us to find the best area for you to volunteer?

If so, please use the space below to explain.

Have you ever been convicted of a crime? Please circle Yes or No

If so, please explain: _____

Due to the nature of our work with children and adolescents, volunteers who have had any child/minor related criminal charges filed against them are immediately excluded from volunteering in parts of our organization that would require direct contact with children or teens.

For every volunteer, we reserve the right to complete any security checks deemed necessary, including background checks and sexual predator registry checks.

Please list your places of residence during the preceding ten years. If your name has changed, please note that.

Address	County	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

“The undersigned acknowledges and agrees that (1) he/she is not required, if called upon, to perform the volunteer service herein applied for and that *Annie’s Hope* is not required to assign, or actively seek to assign, him/her as a volunteer even after appropriate training; and, (2) as a part of the Agency’s assessment process, additional information will be elicited from the applicant by Agency personnel.”

I affirm under the penalties of perjury that all the information supplied to *Annie’s Hope*, during the application process, is true and accurate.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

If you are under the age of 18, a parent or guardian must complete the next section.

I give my permission for my son/daughter to serve as a volunteer at *Annie's Hope*.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Camp Courage & Camp Erin-St. Louis

Confidentiality Statement

This statement is to be reviewed and signed by all *Camp Courage/Camp Erin- St. Louis* staff and volunteers prior to performing any service or participating in any training.

Children, teens and families who come to programming offered by *Annie's Hope* are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As Camp Courage/Camp Erin-St. Louis volunteers and staff, you become a piece of the healing process for the children, teens, and families. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information with anyone else - not even with family, friends or relatives. They share with us because they want and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, teens, families and other facilitators is strictly confidential. Outside *Annie's Hope* programs, it is not to be discussed - even to our own families and friends.

There are five exceptions to preserving confidentiality. They are:

1. Any indication of suicidal ideation (suicidal thoughts)
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at *Annie's Hope* might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

Volunteers who suspect that a person may harm him/herself, another, or property, or that other conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's or adult's knowledge, inform the Program Director **immediately**. The Program Director will assess the severity of the issue and refer to emergency services as needed.

Signature: _____ Date: _____

Annie's Hope & Camp Courage/Camp Erin-St. Louis

PHOTOGRAPHIC RELEASE

I, _____, hereby authorize ***Annie's Hope*** to take photographs, film, audiotapes, and
Name
videotapes of me and to use them in newspapers, publications, and presentations. ***Annie's Hope*** may use these such items and
information in whatever way ***Annie's Hope*** considers proper and desirable.

Date: _____

Signature: _____

Phone Number: _____

Annie's Hope & Camp Courage/Camp Erin-St. Louis

Release of Responsibility for Valuables

I, _____ hereby release ***Annie's Hope & Camp Courage/Camp Erin-St. Louis*** staff
Name
and volunteers of any responsibility for valuables that I choose to bring to Camp Courage/Camp Erin-St. Louis. I acknowledge that
Camp Courage/Camp Erin-St. Louis guidelines encourage all valuables to be left at home.

Date: _____

Signature: _____

**By Friday, May 1, 2009, please mail all forms to
Camp Courage/Camp Erin-St. Louis
c/o Annie's Hope
1333 W. Lockwood, Ste. 104
Glendale, MO 63122**

Or fax them to 314-918-1438

**For further information or for questions, contact:
Annie's Hope annieshope.ali@gmail.com (email)
www.annieshopekids.org (web site)**

**Becky Byrne, 314-965-5015 (w), or 314-368-1818 (cell)
Ali Johnson, 217-419-2338 (cell)**

All Camp Courage/Camp Erin- St. Louis volunteers, new or returning, must have a background check completed annually.

You have four options for obtaining a background check.

Option 1 (preferred), Register with the Missouri Department of Health and Human Services and Annie's Hope will contact the Department and request your background information. Please notify Annie's Hope after you have registered.

Go to website <http://www.dhss.mo.gov/FCSR/AboutRegistry.html> Scroll down to "How to Register", print the *Worker Registration Form*, complete the form, provide a copy of your social security card and send a \$9.00 registration fee to:

Missouri Department of Health and Senior Services
Fee Receipts Unit
P.O. Box 570
Jefferson City, MO 65102

Once you have registered, you never need to do so again. You can authorize any organization or employer and they can request a current background check at no additional cost.

Option 2: St. Louis County Police Department Bureau of Central Police Records

Arrive in person to the St. Louis County Police Department Bureau of Central Police Records. The address is 7900 Forsyth in Clayton, MO, Room B-013, on the street level (accessible from either Central, Meramec Avenue, or the Memorial Park Entrance) of the Police Headquarters. The office is open from 9:00 A.M. to 5:00 P.M., Monday through Friday (excluding holidays). The number is 314-615-5317. If your main residence is in a different county, please call the police station in your county and ask about their process for record checks.

Criminal History Record Checks may be obtained by applying in person with the following identification:

1. Drivers License with Social Security Number
2. Drivers License AND Social Security Card (if SSN is not on license)
3. Birth Certificate, original or sealed copy AND Social Security Card AND picture ID
4. Military Identification
5. Immigration and Naturalization ID AND Social Security Card
6. State Identification with Social Security Number
7. State Identification AND Social Security Card, if SSN not on ID
8. Legible Traffic Citations with Social Security Number AND Picture ID

If using more than one type of identification, i.e. Drivers License and Social Security Card, both forms of identification must be in the same name. A Marriage Certificate/Divorce Decree/Court Documents are required for any legal name change.

Once again, criminal history record checks must be obtained in person by the individual requesting the record check. A record check cost, for a criminal history record check for incidents that occurred within St. Louis County is \$4.50 and a criminal history record check for incidents that occurred within the City of St. Louis is \$4.50. The total cost for a City and County Record Check is \$9.00.

Option 3, Whether your residence is in Missouri or not, go to <https://www.publicrecords-search.com/servlet/service>, click on "view states available and data provided" to ensure the state of your residence is available, if so, click "order" and proceed as directed.

Option 4, If you have had a complete background check anytime after June 2008, a copy for Annie's Hope records may be sufficient.

Due to *Annie's Hope* & Camp Courage/Camp Erin-St. Louis budget constraints, we are asking that Camp Courage/Camp Erin-St. Louis applicants cover the Record Check fee. If this is not possible, please do not hesitate to call.

For information or questions contact *Annie's Hope* at 314-965-5015 (Office) or 314-368-1818 (Cell).