

For Office Use	
Date received _____	
Application _____	
Photo Release _____	
Valuables Release _____	
Confidentiality Agreement _____	
Background Check _____	
References _____	
<b>Vol. Assign.</b> _____	

**Annie's Hope  
presents**

**Camp Courage and Camp Erin-St. Louis  
In Candyland**

Camp Courage: June 4<sup>th</sup> - June 10<sup>th</sup>, 2010  
Camp Erin - St. Louis: June 10<sup>th</sup> - June 16<sup>th</sup>, 2010

**Volunteer Application**

Due by Friday, April 23, 2010

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

School/Other Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manuals will be mailed out in mid-May. Please indicate which address you'd like the manual to be mailed:  Home Address  School/Other Address

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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 or Camp Erin - St. Louis before?** YES NO

If so, in what capacity? \_\_\_\_\_

If so, what years? '99 \_\_\_\_\_, '00 \_\_\_\_\_, '01 \_\_\_\_\_, '02 \_\_\_\_\_, '03 \_\_\_\_\_, '04 \_\_\_\_\_, '05 \_\_\_\_\_, '06 \_\_\_\_\_, '07 \_\_\_\_\_, '08 \_\_\_\_\_, '09 CC \_\_\_\_\_, '09 CE \_\_\_\_\_

**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, 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 \_\_\_\_ Volunteer Recruitment \_\_\_\_  
Helping Hands Training \_\_\_\_ Arts & Crafts Coordinator \_\_\_\_ Arts & Crafts Helper \_\_\_\_ Camp Nurse \_\_\_\_

**If you desire to be a Cabin Counselor, what age and sex of campers would you prefer?** Please choose a 1<sup>st</sup> & 2nd preference.

Male \_\_\_\_ Female \_\_\_\_

**Camp Courage:** 6-7 year olds \_\_\_\_, 8-9 year olds \_\_\_\_, 10-12 year olds \_\_\_\_,

**Camp Erin – St. Louis:** 13-15 year olds \_\_\_\_, 16-18 year olds \_\_\_\_

**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 \_\_\_\_

**What style and size of shirt do you prefer?**

Style: Two Polo Shirts \_\_\_\_ Two T-Shirts \_\_\_\_ One Polo/One T-Shirt \_\_\_\_

Size: Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_ XX-Large \_\_\_\_ XXX-Large \_\_\_\_

**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In an emergency, notify (include name and number):** \_\_\_\_\_

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

On the last page, there are four options of how to obtain a background check. Please indicate which method you have chosen:

- Missouri Department of Health and Human Services (preferred)
- St. Louis Police Department
- Public Records Search
- Already have one and the copy is attached

“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, April 23 2010, 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](mailto:annieshope.ali@gmail.com) (email)  
[www.annieshopekids.org](http://www.annieshopekids.org) (web site)**

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

Please keep a copy of this page for your reference.

**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 \$5.00 registration fee to:

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

**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 2009, 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).