



MARY BRIDGE  
CHILDREN'S HOSPITAL  
PART OF THE ELUNA NETWORK



Bridges Center for  
Grieving Children

## CAMP ERIN® VOLUNTEER APPLICATION

June 12-14, 2020

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

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

Telephone: \_\_\_\_\_  
HOME WORK CELL

Birthday: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_  
MONTH / DAY / YEAR

Military Affiliation: Y N Branch: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

How did you hear about Bridges or **CAMP ERIN** volunteer opportunities?

\_\_\_\_\_  
\_\_\_\_\_

Are you a member of the YMCA?  Yes  No Dietary restrictions (vegetarian, food allergies)?

T-Shirt size: Adult:  XS  S  M  L  XL  XXL  3X

Do you speak any foreign languages?  Yes  No Please specify:

What is your interest? (Check all that apply) Write down your First (1) and Second (2) choice.

Training is mandatory and will be provided by Bridges.

- |   |                                 |  |                                      |
|---|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Big Buddy        | <input type="checkbox"/> Games  | <input type="checkbox"/> Registration/Welcoming  | <input type="checkbox"/> Arts/Craft  |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Ritual | <input type="checkbox"/> Fundraising or Donation | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Remembrance Walk | <input type="checkbox"/> Snacks |  |                                      |

Have any personal or work experience involving the following? (Please check)

- Camp  Terminal illness  Death of a loved one  Bereavement work

If yes, please explain circumstances briefly here or in a separate letter and give the date(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For information:

Darren Wenz, LICSW • 253-403-1966 • darren.wenz@multicare.org  
PO Box 5299, Tacoma WA 98415-0299 • MS: 311-1-BRID

Although we aim to place every volunteer, we reserve the right to determine volunteer appropriateness for service.

**Why do you wish to volunteer with CAMP ERIN?**

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**References:** Supply three references with **complete addresses** which can include an employer or a relative not living with you. If you and a friend will be applying, you may not recommend each other.

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

A criminal background check is conducted on all staff and volunteers.

**Who may we contact in case of emergency?**

NAME	ADDRESS	CITY	STATE	ZIP
RELATIONSHIP				TELEPHONE(S)

This section is optional:

**Do you have any health conditions/special needs which should be taken into consideration in making an assignment?**

(Example: climbing stairs) \_\_\_\_\_

**Do you have any experience, educational background or training which may be helpful to you as one of our camp volunteers?** Explain and give dates. You may attach a sheet if you need more space.

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I certify that the information supplied is true and complete to the best of my knowledge. Furthermore, I agree to all background checks required by this agency.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Mary Bridge Children's Hospital complies with Title VI of the Civil Rights Act, the Age Discrimination Act of 1975 as amended, and Section 504 of the Rehabilitation Act. Mary Bridge Children's Hospital does not discriminate with regard to race, color, religion, creed, national origin, age, sex, marital status or the presence of any sensory, mental or physical handicap, or ability to pay.