



Contact Information:

Caleb Potter
Camp Director
(270) 316-9112

Dear Camp Erin Volunteer Applicant,

Thank you for your interest in becoming a Camp Erin® volunteer! Camp Erin is a weekend overnight camp designed for children and teens (ages 6-17) who have experienced the death of someone significant in their lives. It is a traditional, high energy, fun filled camp coupled with grief support and education. The Camp will be serving approximately 50 children and teens and needs many volunteers to ensure its success. This year the camp is scheduled for July 31st.- Aug. 2nd, at Gasper River Retreat Center near Bowling Green, Kentucky.

There are a lot of different volunteer opportunities at Camp Erin. Enclosed you will find the Camp Erin Application, Camp Erin Volunteer Descriptions, and the Camp Erin Brochure, along with other useful information. Please complete and return the entire application packet. On your application be sure to include any special interests, hobbies, talents, education, and training that you feel would contribute to Camp Erin.

Once the application has been received and reviewed, you will be contacted for an interview. Selections for volunteers will be based on need, availability, flexibility, interest and experience. The majority of volunteers will be spending the entire weekend at Camp; however, some exceptions will apply. If you have questions, please do not hesitate to call me.

The time and energy commitment as a Camp Erin volunteer is high. Commitments will include an individual interview (likely virtual) with myself or Clinical Director Mike Flaherty, a mandatory training, and a Save Your Spot event for the campers to meet each other and the volunteers. The camp itself is 48 hours of fun, rigorous and fulfilling work!

The volunteer training is scheduled for Saturday, June 27th from 1-4pm. The Save Your Spot Pizza Party with the kids is planned for Thursday evening, July 23rd from 6-7pm at the Logsdon Community Center (2400 Friendship Dr., Owensboro, KY 42303

If you would like to learn more about Camp Erin, visit the Eluna Website at elunanetwork.org. You can also view videos about Camp Erin at elunanetwork.org/media/category/video.

Again, thank you for your interest and support in helping Camp Erin make a difference in the lives of children and teens who are grieving.

Warmly,

Caleb Potter, M.Div. CT
Camp Erin Director



Camp Erin® Western Kentucky 2026 Volunteer Application



Camp will be held from **Friday, July 31st – Sunday, August 2nd, 2026** at Gasper River Retreat Center in Bowling Green, KY.

Hospice of Western Kentucky will be hosting Camp Erin which is a transformational weekend camp specifically designed for kids and teens, ages 6-17, who have experienced the death of a significant person. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge for all families. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to increase levels of hope, enhance self-esteem, and especially to learn that they are not alone.

Volunteers must be 18 years or older and be in good physical condition. Volunteers need to be able to meet a national background check, participate in an orientation interview, attend a volunteer training, and any relevant meetings.

What does volunteering look like? Volunteers should expect to be active throughout the day. Flexibility is key to all volunteer roles. Volunteers should be role models for the campers. They should provide comfort and support while participating with the campers through the camp activities and sharing time. Most importantly we ask volunteers to create a safe, positive, fun, and energetic atmosphere for the campers to experience and express their grief.

For more information, please call Caleb Potter at (270) 316-9112 or go to www.elunanetwork.org ***Submission of this application does not constitute acceptance into Camp Erin.**

First name: _____ Last Name: _____

Preferred Name (Name to appear on nametag): _____ Gender: _____

Mobile #: (____) _____ Home #: (____) _____

Email Address: _____ Birthdate: ____/____/____

Current Address: _____
Address City State Zip

Employment Information:

Name of Company/Employer: _____

Title/Position: _____ Telephone: (____) _____

Do you OR your spouse currently work for New York Life Insurance Company? Yes No

Does your employer match contributions? Yes No Don't know

Demographics: *This information will be used for grant applications, research projects, and to better serve the community*

Are you an active, reserve, or National Guard military member or military veteran? Yes No

If so, what branch? _____

Race/Ethnicity (We use this information to gather demographic statistics. Check all that apply.):

- African American/Black Native American Asian Caucasian/White Pacific Islander
- Hispanic/Latinx Multi-Racial Other: _____

Volunteer Name: _____

Volunteer Information:

What languages are you fluent in? _____

Educational Background/Training: _____

Are you currently charged with a felony, including but not limited to criminal neglect, abuse or assault? Yes No

Have you ever been convicted of a felony, including but not limited to criminal neglect, abuse or assault? Yes No

Have you ever volunteered with a Camp Erin? Yes No If Yes, when/city? _____

Have you ever participated in a Camp Erin as a camper? Yes No If Yes, when/city? _____

Have you ever volunteered with Hospice of WKY? Yes No

Have you ever participated with Hospice of WKY in a group? Yes No

Have you ever been asked to relinquish a volunteer position? Yes No

Have you had any significant deaths in your life? If so, who and when? _____

In one sentence, why are you interested in volunteering for Camp Erin? _____

What special skills or interests do you have that you would like to offer to Camp Erin? (Select all that apply) The below items relate to volunteer jobs we have needed in the past. Please feel free to include any other skills that you feel may benefit the Camp Erin experience.

- | | | | | | |
|--|--------------------------------------|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Tech | <input type="checkbox"/> Singer | <input type="checkbox"/> Nurse | <input type="checkbox"/> Decorating | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Videography | <input type="checkbox"/> Heavy Lifting | <input type="checkbox"/> Food Service | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Security | <input type="checkbox"/> Musician | <input type="checkbox"/> Yoga | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Handy person |
| <input type="checkbox"/> Certified Therapy Dog | <input type="checkbox"/> Other | | | | |

Please expand on above skills: _____

(The below age divisions may vary based on accepted campers.)

Which age group(s) are you MOST interested in working with? 6-8 9-10 11-13 14-17

Which age group(s) are you NOT comfortable working with? 6-8 9-10 11-13 14-17 None

Volunteer Name: _____

Which volunteer role(s) are you interested in? (Number your top 3 roles by preference with 1 being first choice)

While we will do our best to place you in your preferred role, placement is based on camper numbers and in the best interest of the overall camp. ALL placements will be made before the Save Your Spot event.

_____ **Cabin Big Buddy (CBB)** – Attend entire camp. Responsible for the children in their cabin, share supervision with other assigned cabin buddies. Eat meals with campers, attend grief and recreational activities with cabin group and provide guidance and appropriate discipline as needed. Cabin Big Buddies sleep in the same cabin with their assigned campers.

_____ **Support Volunteer (SV)** – Assist with camp welcome including registration and parking, opening and closing ceremonies, oversee assigned camp recreational and grief related activities including set up and tear down as needed. Roles will vary.

_____ **Cabin Leader (CL)** – Attend entire camp. Provide psychosocial support to campers in assigned cabin, facilitate cabin circle time and report to the Clinical Director on each camper. Accompany campers to meals and activities. Lead assigned volunteer team. Cabin Leaders sleep in the same cabin with their assigned campers. Note: This position requires specific training in counseling or related field.

_____ **Special Volunteer** – These volunteers meet specified needs of the camp including nurses, therapy dog owner, photographer, and music leader to benefit the overall camp experience.

Please specify desired role: _____

T-Shirt Size (please choose one): Small Medium Large XL 2XL 3XL

Volunteer Training Dates: (Please select **ONE** training that is most appropriate for you)

An interview is required for new volunteers.

Saturday, 6/27/26, 1:00pm-4:00pm (In-Person)

Saturday, 7/11/26, 10:00am-1:00pm (Virtual) *Will include lunch break

I am unable attend either of these trainings.

Medical Information:

Medical information is requested to best serve you at camp. There will be nurses and mental health staff at camp that will provide care to the campers AND the volunteers as needed.

Emergency Contact: _____

Name

Telephone

Relationship

Have you been fully vaccinated against COVID-19?

Yes

No

Prefer not to answer

This is for contact tracing purposes and will not affect acceptance status.

Do you have any allergies? If yes, to what and the reaction: _____

Any medical concerns camp staff/nurses should know about? _____

Any dietary restrictions? (Vegetarian, gluten free, etc...) _____

****Application Deadline is Monday, June 22nd****

I have completed and reviewed this entire form and attest that the information provided is true. I am also authorizing Eluna and Hospice of Western Kentucky to contact me by phone, text, and email with information about Camp Erin. I understand that there will be more forms to fill out, an interview, and a training prior to my acceptance into Camp Erin as a volunteer.

Applicant Signature

Date

Please mail completed applications to: Hospice of Western Kentucky (Attn: Caleb Potter)
3419 Wathens Crossing
Owensboro, KY 42301

Voluntary Disclosure Statement
All Camp Staff **FM 16**
Developed and approved by the
american **CAMP** association®

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):
- City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.) Yes No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet, if necessary.)

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor;
 - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____