



Dear Volunteer,

Thank you for wishing to be a part of Nathan Adelson Hospice's **2020 Camp Erin May 29th through the 31st**. We are very excited and looking forward to another great camp experience!

The Camp Erin team aims to provide a fun, safe and memorable camp experience for each camper. In order to do this we need you to please complete the following steps.

- 1) **Application Process** - Fill out all volunteer documents and return them to Jennifer Mauceri (702-796-3185 phone) as soon as possible.
 - a. If you are **not** an NAH employee or have not volunteered at camp before, you'll need to undergo a background check. (Completed in-house)
- 2) **Training Meeting** – **mandatory** for all volunteers who plan to attend camp, regardless if you've volunteered in the past.
 - **Saturday, May 9th from 11 AM – 2 PM - For Training, at University Center Dr (Formerly Swenson) location, and then a meet and greet on Saturday May 16th from 10 AM – 12 PM. (At Silverado Ranch Park) (Your attendance at the meet and greet is preferred to help families and campers feel at ease for this camp weekend)**

This meeting will encompass camp activities, daily routines, expectations, guidelines, team building, and a deeper understanding of children/teens and grief.

Special Note: **Potosi Pines Campground** is mountainous and will require a significant amount of physical activity. Please be aware as you plan.

Thank you for your cooperation and participation. If you have any questions, please do not hesitate to contact Jennifer Mauceri at (702) 796-3185.

Sincerely,

Jennifer Mauceri

Jennifer Mauceri &
The Camp Erin Team



2020 Camp Erin® Las Vegas Volunteer Application

Camp Erin Las Vegas is an annual weekend camp for kids and teens (ages 6-17) who are grieving the death of someone close to them.

Volunteers must be 18 years or older and be in good physical condition. Volunteers need to be able to meet a criminal background check and participate in **all required** volunteer trainings and relevant meetings. *Please note that although we attempt to place every volunteer, we may not be able to place all applicants due to the large number of applications received.*

Name: _____ **Prior Name/Surname:** _____

Home Telephone: _____ **Cell Phone:** _____

Email Address: _____ **I am 18 years or older: Yes** ___ **No** ___

Present Address: _____ **Zip:** _____

How long have you lived there? _____

If at present address less than 2 years,

Previous Address: _____

How long did you live there? _____

Employment Information: Name of Employer _____
Street Address _____
City, State, Zip _____
Telephone: _____
Title/Position _____

I prefer to receive correspondence at: Work _____ Home _____

Are you a Unites States Citizen? Yes _____ No _____

Permanent Alien Resident? Yes _____ No _____

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

If so, what branch? _____

Race/Ethnicity (used for statistical purposes only, circle all that apply):

African-American Native American Asian Caucasian Native Hawaiian or Other Pacific
Islander
 Hispanic/Latino Multi-Racial Other: _____

1st Language: _____ 2nd Language: _____

Educational Background/Training: _____

Volunteer Experience:

Organization/Address	Position/Responsibility	Date(s) of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list 2 professional or personal references that we may contact (no phone numbers):

1) Name	Street Address, City, State, Zip code
_____	_____

Email address	Relationship
_____	_____

2) Name	Street Address, City, State, Zip code
_____	_____

Email address	Relationship
_____	_____

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

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 _____

Is this your first time applying as a Camp Erin volunteer? Yes _____ No _____ If No, when? _____

Have you ever volunteered at Camp Erin? Yes _____ No _____ If so, when? _____

Are you interested in being a Big Buddy? (Cabin Leader for ALL 3 days) Yes _____ No _____

If not interested in being a Big Buddy, (Cabin Leader) what roles are you interested in volunteering for?

Why are you interested in volunteering for Camp Erin Las Vegas?

What special skills do you have to offer to Camp Erin Las Vegas?

Do you have any dietary requirements/restrictions?

****T-Shirt Size (please circle one):** S M L XL 2XL 3XL 4XL

Which age group are you **MOST** interested in working with?

___ 6-8 ___ 9-10 ___ 11-13 ___ 14-17

Which age group are you **NOT** comfortable working with? (If none, leave blank)

___ 6-8 ___ 9-10 ___ 11-13 ___ 14-17

Do you speak/read or write any foreign languages? If so, what are they? _____

Activities: civic, athletic, etc. _____

Something interesting about you that most people might not know (i.e. am a mime, etc.): _____

Emergency Contact: _____

(Name)

(Telephone)

(Relationship)

I have completed and reviewed this entire form and attest that the information provided is true. I also grant permission for Nathan Adelson Hospice and Camp Erin to perform a background check as well as obtain information from my references and/or other volunteer organizations with which I have worked that may be pertinent to my application.

Applicant Signature

Date

Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, creed, religion, national origin, marital status, physical or mental handicap unless such discrimination is based upon occupational qualifications.

PLEASE RETURN TO: **Nathan Adelson Hospice**
 Jennifer Mauceri
 4141 University Center Dr.
 (Formerly Swenson Street)
 Las Vegas, NV 89119

Email: jmauceri@nah.org
Phone: 702-796-3185



2020 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna and Nathan Adelson Hospice desire to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to Eluna and Nathan Adelson Hospice and release Eluna and Nathan Adelson Hospice from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my and my child's grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Nathan Adelson Hospice, and each of their respective employees, agents, representatives, contractors, successors, and assigns Eluna and Nathan Adelson Hospice the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); (b) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks; and (c) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of Eluna or Nathan Adelson Hospice using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Nathan Adelson Hospice all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Nathan Adelson Hospice therefor.

2. Contact. I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Nathan Adelson Hospice. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Nathan Adelson Hospice for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Nathan Adelson Hospice, and each of their respective directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contractor, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

4. Representations and Warranties. I represent and warrant that: (a) my or my child’s involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child’s participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child’s participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Nathan Adelson Hospice herein granted, that this Consent and Release constitutes my or my child’s legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, Nathan Adelson Hospice, me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have not been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Nathan Adelson Hospice and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Nathan Adelson Hospice, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Nathan Adelson Hospice may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby submit to the venue and jurisdiction of such court waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND NATHAN ADELSON HOSPICE ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Volunteer Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: / /

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____
City, State and Zip: _____

Phone Number: Mobile Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____

Camper/Volunteer/Staff Member (if over age of majority in state of residence)

Parent/Guardian (if Camper/Staff Member/Volunteer is under age of majority in state of residence)