Thank you for your interest in becoming a volunteer for Family Counseling Service of Northern Nevada!

Please fill out the following application COMPLETELY. If you have questions, please call us at: (775) 329-0623, we are available and happy to assist you.

Please keep the following in mind when completing your application:

- Please be sure to indicate which session you are applying for (dates can be found on our website: www.familycounselingservice.org)
- Your typed name serves as your signature for these forms, should you chose to complete them electronically.
- Once your application is received and accepted, you will be sent a form for fingerprint background checks.

You will need to take this form to Fingerprint Express in order to have our agency pay for the cost of the fingerprinting and background check. This needs to be done no later than EARLY MAY in order for us to receive the report in time for you to attend camp. We understand that emergencies arise and life happens. However, if you fail to show up for session/s for which you are accepted, you may be charged for the cost of fingerprinting/ background checks.

I am applying for:	Safe Fa	amilies Camp		Sumer of Healing Camp				
Applicant Name:				Age:		DOB:		
Mailing Address: P. C) Box or Stre			City, State		Zip Code		
						Zip code		
Physical Address (if d	Stre	et Address		City, State		Zip Code		
Phone:	Adult Shirt Size:		E-Ma	E-Mail:				
Please note, to be at be turned in with end If you complete the background check.	ough time to	fully process th	he backg	ground checl	k. Pleas	se turn in your ap	plicatio	n by May 1st.
Education: SCHOOL	YEARS	Nan	ие of S cho	nor.	<u> </u>	Сіту	Drp. v	OU GRADUATE?
High School	ATTENDED	INAIN	AE OF SCHO	JOL		CITY	YES	or NO
College							YES	or NO
Other					+		YES	or NO
Military Service Reco If so, list branch: Work and Volunteer E NAME OF INSTITUTION			date:	ES COM	IPANY IONE	REASO	ON FOR LEA	VING
References (3):		Address		OCCUPATIO	N	Тъ	LEPHONE	
NAME		ADDRESS		OCCUPATIO	N	TE.	LEPHONE	
					Applicat	ion for Volunteer a	nd Genera	l Consent 2

Signature Date

Waiver and Release of Liability

To be signed by Parents/Guardians, Staff and Volunteers

Release and waiver of liability and indemnity agreement. I further agree to indemnify, protect, defend and hold harmless Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claim, or liability caused by or arising out of my use of, presence at, or trip to or from the facilities of Camp Ronald McDonald at Eagle Lake, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald or Ronald McDonald House Charities Northern California and any attorney's fees and or costs arising out of this agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald at Eagle Lake or Ronald McDonald House Charities Northern California for any injuries or property damages which may arise while my child is on the Camp Ronald McDonald premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage caused by or rising out of the negligence of Camp Ronald McDonald at Eagle Lake, Ronald McDonald House Charities Northern California, or their directors, officers, employees, volunteers and/or agents.

Authorization for use of photo. Adult participants authorize Camp Ronald McDonald at Eagle Lake and Ronald McDonald House Charities Northern California to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald at Eagle Lake.

Signature of Volunteer	

Volunteer Background Check

,	noe County District Attorney's Office or the Was	hereby authorize Family Counseling Service of trict Attorney's Office or the Washoe County Sheriff's my Social Security Number and Date of Birth for any				
Print Full Name:						
Signature:	Date:					
Social Security Number:	Date of Birth:	_				