

Family Counseling Service of Northern Nevada, Inc. Summer Camp Volunteer Application

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:

- 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.

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Applicant Name: _____ Age: _____ DOB: _____

Mailing Address: _____
P. O. Box or Street City, State Zip Code

Physical Address (if different): _____
Street Address City, State Zip Code

Phone: _____ Adult Shirt Size: _____ E-Mail: _____

Please note, to be able to volunteer, you will need to be able to pass a background check. All applications must be turned in with enough time to fully process the background check. Please turn in your application by May 1st. If you complete the background check, but are unable to volunteer, you will be responsible for the cost of the background check.

Education:

SCHOOL	YEARS ATTENDED	NAME OF SCHOOL	CITY	DID YOU GRADUATE?
High School				YES or NO
College				YES or NO
Other				YES or NO

Military Service Record: YES _____ NO _____
If so, list branch: _____ and discharge date: _____

Work and Volunteer Experience:

NAME OF INSTITUTION	DATES	TITLE OR JOB DESCRIPTION	DUTIES	COMPANY PHONE	REASON FOR LEAVING

References (3):

NAME	ADDRESS	OCCUPATION	TELEPHONE

Signature

Date

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APPENDIX G

**WAIVER AND RELEASE OF LIABILITY
(Camper/staff/volunteer – Adult)**

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 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 arising 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. I hereby 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 that contains my likeness.

Date: _____

Signature of Volunteer: _____

Printed Name: _____

Camp Session: _____

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Volunteer Background Check

I, _____ hereby authorize Family Counseling Service of Northern Nevada, Inc. to have the Washoe County District Attorney's Office or the Washoe County Sheriff's Department complete a check of my background using my Social Security Number and Date of Birth for any criminal activity.

Print Full Name: _____

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Accompanying this form please provide a front and back copy of your state issued identification.