



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

**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 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.** 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.

Date: \_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

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

**Family Counseling Service of Northern Nevada, Inc.  
Summer Camp Volunteer Application  
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: \_\_\_\_\_

**State of Nevada  
 REQUEST FOR CHILD ABUSE/NEGLECT SCREENING**

This is a request for any reports and investigations made pursuant to Nevada Revised Statutes (NRS) 432B. The release of information concerning reports and investigations may be made available to designated individuals whose primary concern is child safety (NRS 432B.290), e.g. law enforcement, corrections, public child welfare agencies and licensed child placing agencies.

Person(s) For Whom Information Is Being Requested (Include all household members over the age of 18)			
1. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
2. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	
3. Applicant Name:		Date of Birth:	
Alias/Maiden name(s) used:		Social Security Number:	

Children				
A. Name (s) of children in family or home - include any other name(s) used:				
Last Name:	First:	Middle	DOB:	SSN:
1.)				
2.)				
3.)				
4.)				

Release to an agency/individual related to:  
 Foster parent licensing       Kinship care provider       Adoption  
 CASA       Other (please list below)  
 Explanation: \_Volunteer at camp with Family Counseling Service of Northern Nevada\_\_\_\_\_

Stuart Gordon, LCSW, LADC Executive Director	Family Counseling Service of Northern Nevada
Print Name/Title of Person Requesting Data	Signature      Agency Name
775-322-6930	1475 Terminal Way, Ste. B, Reno, NV 89502
Fax Number	Telephone Number      Agency Address

**(For Central Office Use Only)**

- No Record Found
- Record Found (Please See Attached)

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name/Title (Print):** \_\_\_\_\_

**STATE OF NEVADA**  
**Division of Child and Family Services**

**EMPLOYER REQUEST FOR CHILD ABUSE & NEGLECT CENTRAL REGISTRY**  
**INFORMATION**

NRS 432.100-130, NRS 432B and NAC 432B.170

Information about substantiated child abuse and neglect reports in the Central Registry may be requested in accordance with NRS 432B.290 (attached). In order to confirm your right to the information, you must provide a complete name - include any other names used – such as maiden name, date of birth and Social Security Number (SSN) to assist with the data search. A photo-identification document must be provided to ensure that the individual has entitled said party to the information contained in the Central Registry.

All requests must be mailed to:  
 Nevada Division of Child and Family Services, Central Registry  
 4126 Technology Way, 1<sup>st</sup> Floor  
 Carson City, NV 89706  
 Or e-mail to: DCFS-CANS@dcfs.nv.gov  
 Phone: 775-684-7941

**PART I. IDENTIFYING DATA**

**List all adults (18 and over) For Whom Information Is Being Requested**

1. Applicant Name:					
Maiden Name:			Date of Birth:		
Alias/other name(s) used:			Driver's License Number:		
Gender/Sex:		Female:		Male:	
				Social Security Number:	
2. Applicant Name:					
Maiden Name:			Date of Birth:		
Alias/other name(s) used:			Driver's License Number:		
Gender/Sex:		Female:		Male:	
				Social Security Number:	

**List name (s) of children in family or home - include any other name(s) used:**

Last Name:	First:	Middle	DOB:	Sex	SSN:
1.)					
2.)					
3.)					
4.)					

**PART II. APPLICANT REQUESTING INFORMATION**

**Employer/ Agency Requesting Information:**

I am an employer and request information in accordance with subsection 3 of NRS 432.1000

Stuart Gordon, LCSW, LADC Executive Director

Print Name and Title of Person Requesting Data	Signature	Date
Family Counseling Service of Northern Nevada		
Employer/ Agency Name	1475 Terminal Way, Ste. B, Reno, NV 89502	
Business Address	775-329-0623	stuart@familycounselingservice.org
Telephone Number	E-mail	Fax Number
		775-322-6930

**PART III. APPLICANT REASON FOR REQUEST:**

1. Release to self: I am an adult (18 years or older) and am requesting a Central Registry check on myself.

To determine if I have been found responsible for substantiated child abuse.

2. Release to an agency/individual related to:

- Child care related employment
- Elder care related employment
- CASA
- Schools/public and private
- Other (please list below)

3. Explanation: Volunteer for camp with Family Counseling Service of Northern Nevada \_\_\_\_\_

**PART IV. AUTHORIZATION TO RELEASE INFORMATION**

A. Pursuant to Nevada Revised Statutes 432B and NRS 432.100-.130, pertaining to confidentiality of Child Protective Services records and the Child Abuse Central Registry, I hereby authorize the Nevada Division of Child and Family Services to disclose information regarding substantiated reports of abuse or neglect to:

1. Name: Family Counseling Service of Northern Nevada \_\_\_\_\_  
(self, agency, employer or individual listed in Part II), about a finding of a substantiated report of abuse or neglect in the Central Registry.

CLIENT	SIGNATURE 1: _____	Date: _____
CLIENT	SIGNATURE 2: _____	Date: _____

**\*A signed authorization to release information from the Central Registry is required for all Adults (over age 18) listed in Part I.**

**\* Required: Please attach a copy of photo identification of applicant – an ID card, driver’s license or other form of identification.**

<b>For Central Office Use Only</b>	
<input type="checkbox"/> No record Found	
<input type="checkbox"/> Record Found (Please see attached)	

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name/Title (Print): \_\_\_\_\_

## **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:

- Please be sure to indicate which session you are applying for (dates can be found on our website: [www.familycounselingservice.org](http://www.familycounselingservice.org) )
- Please include a copy (front and back) of your personal identification with photo (i.e. driver's license, military I.D.), should you choose to submit the application via fax or email.
- If you choose to submit your application in person, we can make a copy of your I.D.
- 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.

Please email completed applications to: [camp@familycounselingservice.org](mailto:camp@familycounselingservice.org) Or Fax to: (775) 322-6930

Warmly,

Stuart C Gordon, Jr.  
Executive Director  
Family Counseling Service  
1475 Terminal Way, Suite B  
Reno, NV 89502