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 must attend the entire week of camp if volunteering.

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 May 10th 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.

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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References (3):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Occupation | Telephone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signature Date

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 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**. 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: \_\_\_\_\_\_\_\_\_July 10th -16th 2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.**

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covid Requirements Form**

* Volunteers are required to be fully vaccinated before attending camp.
* **PLEASE EMAIL A PICTURE OF CDC PROVIDED DOSE CARD TO** [**linda@familycounselingservice.org**](mailto:linda@familycounselingservice.org)
  + Date of first dose: \_\_\_\_\_\_\_\_\_
  + Date of second dose: \_\_\_\_\_\_\_\_\_
  + Booster (if applicable): \_\_\_\_\_\_\_\_\_
* Volunteers should not attend camp if they have experienced the following symptoms 72-hours prior to camp:
* fever or chills
* cough
* shortness of breath or difficulty breathing
* fatigue
* muscle or body aches
* headache
* new loss of taste or smell
* sore throat
* congestion or runny nose
* nausea or vomiting
* diarrhea
* Volunteers should not attend camp if they have been in close physical contact 14-days prior to camp:
  + Anyone who is known to have laboratory-confirmed COVID-19
  + Anyone who has any symptoms consistent with COVID-19
* Volunteers are required to follow all the COVID-19 safety rules provided by staff

Volunteer Printed Name:

Volunteer Signature:

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