



Dear Volunteer:

Thank you for your interest in becoming a Volunteer for Sunshine Nevada's Camp Program.

Sunshine Nevada Organization was founded on the belief that every child and young adult deserves to experience the simple joys of childhood; SNO is committed to providing life changing experiences and education-based programs for children living with life threatening illnesses or who live in life altering situations. We would not be able to do this without the support and dedication of hundreds of volunteers each summer – thank you for choosing us!

Application Forms

All application forms need to be printed out and signed then emailed or faxed to the Volunteer Coordinator. Please be sure to print all forms, fill them out completely and email or fax as follows:

PLEASE RETURN ALL COMPLETED
APPLICATIONS TO:

Sunshine Nevada Organization

Fax: 702-605-8174

Email: volunteer@sunshinenevada.org

We recommend that you make copies of all forms in the event that something is misplaced.

A staff member will contact you within 7 days of receipt of your application by email or telephone, to conduct a phone interview and answer any questions you may have. Once your application is accepted you will be notified with a welcome packet that indicates important dates and times and other “need to know” information.

If you have questions about the positions or application process, email volunteer@sunshinenevada.org or call Jessica Loggins at 702-324-9243.

You can also “Like” us on Facebook to receive important camp updates:

<https://www.facebook.com/sunshinenevadaorg>

We look forward to seeing you at Camp Shine!

The Sunshine Nevada Volunteer Staff

SUNSHINE NEVADA ORGANIZATION VOLUNTEER APPLICATION

Please return completed application
via fax or email as follows:

Fax: 702-605-8174

Email: volunteer@sunshinenevada.org

Camp forms that must be **completed** and **returned** include:

1. VOLUNTEER
APPLICATION

2. HEALTH INFORMATION a) Health &
Immunization History (part of application)

3. VOLUNTARY DISCLOSURE STATEMENT
/BACKGROUND CHECK AUTHORIZATION

4. ACCEPTANCE CONDITIONS, VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE, RULES AND REGULATIONS, RELEASE AND HOLD HARMLESS.

SNO accepts applications
on a first come basis.

☐ Camp Shine

November 11

(program for young adults with autism or other developmental delays aged 18-25)

Last Name: _____ First: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email address: _____

What position are you applying for?

☐ Counselor (Must be 18+)

☐ Activity Specialist (must be 18+)

Are you a RBT? ☐ Yes ☐ No

Are you a BCBA? ☐ Yes ☐ No

Do you have Safety Care Training with an active certification? ☐ Yes ☐ No

T-SHIRTS:

All Volunteers are provided with a Camp T-shirt. Please circle one of the following to indicate your T-Shirt size.

Adult Size: Small Medium Large X-Large XX-Large XXX-Large

IMPORTANT – PLEASE NOTE: TWO EMERGENCY CONTACTS ARE REQUIRED FOR ALL VOLUNTEERS

Primary Emergency Contact

Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Address: _____

Address

City

State

Zip

Secondary Emergency Contact

Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Address: _____

Address

City

State

Zip

MEDICAL INFORMATION & IMMUNIZATION HISTORY

Please notify us if you have been exposed to any communicable disease during the three weeks prior to camp attendance.

INSURANCE INFORMATION

IMPORTANT – PLEASE NOTE: Camp carries liability insurance only. All Volunteers must Have their own insurance coverage in order to attend camp.

1. Are you covered by Medicaid? _____ NO _____ YES Medicaid No. _____

2. Are you covered by private medical Insurance? _____ NO _____ YES

Please attach a copy of the Insurance Identification/Benefits card.

Policy Holder Name: _____

Name and Address of Insurance Company _____

Phone number of Insurance Claims office: _____

Provider # _____ Group # _____ ID # _____

Name of person carrying Insurance: _____

Do you have any significant medical (physical or mental) disabilities that might prevent you from performing the essential functions of the position for which you are applying? If Yes, please provide details: _____

ALLERGIES	REACTION describe reaction and management of reaction	Life Threatening?	
		YES	NO
Medication Allergies			
Food Allergies			
Other Allergies			

DIETARY RESTRICTIONS & PREFERENCES

To better accommodate your preferences at camp, please list any diet restrictions you have:

☐ Vegetarian ☐ Vegan ☐ Gluten-Free

☐ Other _____

GENERAL HEALTH (Explain “Yes” answers in space provided below)

Has/Does applicant:	YES	NO	Has/Does applicant:	YES	NO
Had a recent injury:			Had psychiatric/psychological counseling?		
Had a recent illness/infectious disease?			Ever had psychiatric hospitalization?		
Have a chronic/recurring illness/condition?			Have a history of Migraine headaches?		
Been hospitalized in the past year?			Have asthma?		
Had altitude sickness in the past?			Have diabetes?		
Have a chronic skin condition?			Have back problems?		
Have high blood pressure?			Other?		

Please explain all “Yes” answers:

Immunization History: Must be kept up-to-date.

TETANUS Date of last Tetanus shot: _____

****You are not required to get a tetanus shot. If you have had one in the last 10 years, please provide the date.**

SUNSHINE NEVADA ORGANIZATION ACCEPTANCE CONDITIONS

CONFIDENTIALITY AGREEMENT: As a member of the Sunshine Nevada Staff (volunteers included), I understand that confidential interactions and experiences with our campers and their families will occur, as well as review of private records. Any information I obtain from the camp experience or private records is to be considered highly confidential. The use of such information is subject to normal standards of medical confidentiality. No identifying information about campers is to be revealed in subsequent discussion or writing about the camp experience with the public at any time. Confidential information should not be shared other than for purposes of formal camp evaluation or personal/professional growth.

Signature: _____

Date: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

YOUR SIGNATURE BELOW INDICATES UNDERSTANDING AND APPROVAL OF THE FOLLOWING:

I hereby certify that the information that I have provided in this application is true and complete to the best of my knowledge. Any falsification, misrepresentation, or incompleteness in this application is alone grounds for disqualification or termination. I understand that this is an application only and not a guarantee of a position.

I authorize investigation of all statements herein and release Sunshine Nevada Organization and all others from liability in connection with camp/programs/services provided, etc. I understand that, if accepted to volunteer, I will be an at-will volunteer and that any agreement to the contrary must be in writing and signed by the Executive Director of the Sunshine Nevada Organization. I understand that if I am accepted to volunteer at Camp/Programs, money for services will not be exchanged. Therefore, all costs, including travel expenses to and from Camp/Program are my own responsibility unless an agreement to the contrary is made in writing and signed by the Executive Director. I further understand that I will participate in volunteer training starting with reviewing documents that may come through regular mail and/or email prior to camp.

_____**Initials/Photo & Video Release:** I hereby authorize Sunshine Nevada Organization and all Sunshine Nevada Organization Community Affiliates to use pictures of me taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). I hereby release Sunshine Nevada Organization, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings and causes for which the aforesaid photographs, digital images, videotape, motion picture, or testimonial may be used. It is also my understanding that I will receive no compensation for my likeness or testimonial. Sunshine Nevada Organization may use photographs taken during camps on all Sunshine Nevada Organization publications and respectfully requests you do not attend camp if you cannot initial this release.

_____**Initials/Consent:** I approve this application, and certify that I am capable of such an experience. I agree to notify the camp Nurse if any member of my family attending camp is exposed to any communicable diseases during the three weeks prior to camp. I consent to the administration of first aid and routine care for me by camp staff, and that camp staff seek appropriate emergency room treatment if necessary. I give my approval for the camp nurse to contact my physician if necessary.

Emergency contacts will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral issue. Sunshine Nevada Organization reserves the right to refuse to provide services to any individual when the camp staff determines that the individual cannot be provided adequate support by Sunshine Nevada Organization. These decisions are made on an individual basis by camp administration staff.

I agree to the Acceptance Conditions above. Should it become necessary for me to leave CAMP FACILITY (Operated by Sunshine Nevada Organization) for any reason, I will make safe provisions to do so in a timely manner. I hereby authorize the release of all pertinent information regarding this Volunteer Application to Sunshine Nevada Organization. I agree to notify Sunshine Nevada Organization of any changes that need to be made in this application before camp begins.

Applicant (Volunteer) Signature _____ Date _____

Printed Name _____

SUNSHINE NEVADA ORGANIZATION

VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE

Please sign and initial
ONE RELEASE PER APPLICANT (PERSON)

I, _____
(Please print name)

Agree and authorize myself _____
(Please print name)

to participate in a Sunshine Nevada Organization day camp program in Las Vegas, NV, a camp between the dates of June 8, 2023 through December 31, 2023, where I may participate in various activities such as but not limited to; short hikes, adaptive sports and recreational games, swimming, canoeing, rock climbing, challenge courses, etc.

I understand that my participation in the above-described activities (the "Activities") will be voluntary and that these Activities may involve certain risks and dangers. Certain aspects of the Activities, and camping in general, are physical and may be dangerous. In addition, the hazards and risks of the Activities may include, but are not limited to, the following: traffic or other accidents while being transported to or from the Camp program and/or Activities; latent or apparent defects or problems in equipment provided by Sunshine Nevada Organization, other sponsors or outside service providers; acts of other participants in the Activities (including from the failure of other participants to follow instructions or obey safety regulations); weather conditions (including unforeseen, inclement or intemperate weather); consumption of food and drink; fire; first aid; emergency treatment or other services rendered. In consideration of being allowed to participate at Sunshine Nevada Organization and in these Activities, I hereby voluntarily on behalf of myself and my respective heirs, executors, guardians, legal representatives, administrators and assigns (collectively, "Releasers"):

PLEASE INITIAL NEXT TO EACH NUMBERED ITEM

- ____ 1. Certify that I am fully capable of participating in the Activities as authorized by me on the Consent and Agreement Form. I know of no reason, health-related or otherwise, why I am not capable of participating in the Activities. I accept full responsibility for any injuries or illnesses that I may suffer during the Activities, including but not limited to, those resulting from any pre-existing medical condition. In the event I am under the care of a healthcare practitioner, I have consulted with that practitioner and obtained his or her consent to my participation in the Activities and hereby confirm to Sunshine Nevada Organization that my practitioner approved his or her/my participation in the Activities.
- ____ 2. Release, discharge, covenant not to sue, and waive any and all causes of action against Sunshine Nevada Organization, and their respective community affiliates, directors, officers, staff, insurers, volunteers, agents and assigns (such organizations and their representatives are hereinafter collectively referred to as the "Released Parties") from any and all liability or expense (including but not limited to attorney's fees) to the Releasers for any and all harm, loss, personal injury, property damage, or death, and any and all claims, actions, causes of action or demands therefore, that may arise during, or develop in the future as a result of my participation in or attendance at the Camp Activities, whether caused by the negligence of the Released Parties or otherwise. I agree that this release and waiver shall apply to any incident, injury, accident or death associated with the Camp Activities.

- ___ 3. Agree that under no circumstances will the Releasors prosecute, present or otherwise pursue any claim against or sue for personal injury, property damage, theft of property or wrongful death against any of the Released Parties arising from or relating to my travel to any/or participation in the Camp Activities and released in Section 2 hereof. Furthermore, I accept full responsibility to drive myself to and from camp program in a reliable vehicle and in an alert and responsible manner.
- ___ 4. Understand that my participation in the Camp Activities is entirely voluntary. I have been given the opportunity to talk to Sunshine Nevada Organization Directors/staff /volunteers about the Camp Activities. With knowledge of the risks and dangers, which may include property damage, serious injury or death, I hereby agree to accept any and all such risks and dangers. Any injuries or other harm that I incur during or as a result of the Camp Activities are my responsibility to be claimed through my health plan or paid by me in the absence of a plan or plan coverage.
- ___ 5. Agree that if any claim for my personal injury, property damage or wrongful death shall be prosecuted against any of the Released Parties resulting from or related to the Camp Activities, I shall indemnify and hold harmless the Released Parties, and each of them, from any and all claims, actions, causes of action, loss, liability or expense (including but not limited to attorney fees) by whomever and wherever made or presented in connection with my personal injuries, property damage or wrongful death.
- ___ 6. I am not an agent of the Released Parties and no oral representations or promises have been made to me to sign this document. Nevada law governs this document; if any portion of this document is held invalid, it is agreed that the balance of it shall continue in full force. This agreement has no expiration.

I HAVE CAREFULLY READ AND FULLY UNDERTAND ALL PARTS OF THIS DOCUMENT. I UNDERSTAND IT IS A LEGALLY BINDING CONTRACT AND IT IS A RELEASE AND WAIVER OF CLAIMS OR RIGHTS TO FILE A LAWSUIT OR OTHERWISE RECOVER FROM THE RELEASED PARTIES, INCLUDING CLAIMS OF ANY SORT FOR BODILY INJURY, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I ASSUME ALL THE RISKS INHERENT IN THE ACTIVITIES I WILL PARTICIPATE IN; INCLUDING THE TRANSPORTATION RELEATED TO THE CAMP PROGRAM/RANCH AND ACTIVITIES AND ANY ACTIVITIES AS AN ADJUNCT THERETO. I HAVE VOLUNTARILY SIGNED MY NAME EVIDENCING MY ACCEPTANACE OF ALL THE TERMS CONTAINED IN THIS VOLUNTARY RELEASE, ASSUMPTION OF RISK AND AGREEMENT NOT TO SUE ON BEHALF OF MYSELF-AND ALL RELEASORS.

Date: _____

Name (printed) _____

Signature _____