

Dear Volunteer:

Thank you for your interest in becoming a Volunteer for PROJECT SUNSHINE NEVADA'S Summer Camp Programs.

Project Sunshine Nevada (PSNV) was founded on the belief that every child deserves to experience the simple joys of childhood; PSNV 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!

This is your “Volunteer Application Packet” and it is essential that you read all materials carefully. All of this information is important and will help you to understand the application, training and program process (and hopefully avoid confusion). All incomplete applications will be returned which could slow the processing of your application. **PLEASE READ EVERYTHING AND SIGN EVERYTHING!**

Application Forms

The application is now “fillable” (you can fill it out electronically). Please fill in all of the questions, save your version with your first and last name and then email it to: volunteer@projectsunshinenevada.org

We highly recommend that SAVE YOUR COMPLETED VOLUNTEER APPLICATION in the event that something is misplaced or does not transmit.

PLEASE RETURN ALL COMPLETED
APPLICATIONS TO:

PROJECT SUNSHINE NEVADA
Fax: 702-605-8174
Email: volunteer@projectsunshinenevada.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 or schedule an in person interview. 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.

We do not offer transportation to or from camp, however when you attend Training Day, you will meet other volunteers and can organize a carpool, if needed. We have very limited refrigeration space at Torino Ranch, please bring your own cooler if you have food/drink that needs to be kept cooled.

For more information, please visit the Volunteer Frequently Asked Questions section of our website at <http://projectsunshinenevada.org/get-involved/volunteer-fags/>. If you have questions about the positions or application process, email volunteer@projectsunshinenevada.org or call Volunteer Coordinator, Jessica Loggins at 702-324-9243.

If you'd like to get an idea of what a day in the life of a volunteer is like, check out the “Through the Eyes of a Counselor” section of our website: <http://projectsunshinenevada.org/counselors/>. You can also “Like” us on Facebook to receive important camp updates: www.facebook.com/projectsunshinenevada.

We look forward to seeing you at the 2017 Project Sunshine Nevada Summer Camp Programs!

Project Sunshine Nevada Staff

PLEASE BE ADVISED, CAMPS ARE HELD AT AN ELEVATION OF 6700 FEET.

Project Sunshine Nevada VOLUNTEER Application Check List
This is for your personal use - DO NOT return with your application

PLEASE READ:

- [Cover letter](#)
- [Application Instructions for Volunteers](#)
 - *All Parents who plan on attending camp must attend as a volunteer and complete a Volunteer Application packet

PLEASE COMPLETE, SIGN AND RETURN:

- [Project Sunshine Nevada Volunteer Application](#)
- [Project Sunshine Nevada Acceptance of Conditions form](#)
- [Voluntary Release, Assumption of Risk / Agreement Not to Sue Form & TR Rules & Regs, LCR Release & Hold Harmless Agreement](#)

Returning Volunteers need to complete the entire application except for pages 2 & 3.

**PLEASE TAKE THE TIME TO READ AND COMPLETE EACH FORM THOROUGHLY.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

VOLUNTEER INFORMATION

Project Sunshine Nevada is an equal opportunity employer and does not discriminate because of race, age, gender, religion, marital status, sexual orientation, or disability. All Information obtained from this application or otherwise will be held confidential unless specified otherwise. Your staff or volunteer position will be contingent on positive references, criminal background check and the completion of the Application, Medical History & Health Forms.

2017 CAMP PROGRAM CALENDAR:

Camp Mend-a-Heart – Program for children with heart conditions or defects, ages 8-17 Camp dates: June 22 - 25
Camp I AM – Program for children with Autism, ages 6-17 Camp dates: June 29 – July 2
Camp Heart & Sole – Program for children at risk of heart disease, ages 8-17 Camp dates: July 13 - 16
Camp TLC – Program for children with Autism, ages 6-17 Camp dates: August 3 - 6

TRAINING – All new volunteers for Camp I Am and Camp TLC MUST attend a volunteer training scheduled in Las Vegas as follows:

- Training dates will be sent to you via email

*If you are a new volunteer and ONLY attending Camp Mend-a-Heart or Camp Heart & Sole you are not required to attend one of these trainings.

You will receive a training reminder one week before each training and it will contain location and other important information. Please refer to the "Get Involved" section of our website for more information. We are also requesting that you arrive at camp the evening before the first day of camp between 4pm & 8pm. (This will allow you time to decorate your cabins for your campers, meet all of the other counselors and activity specialists, and be up bright and early for a **MANDATORY SAFETY AND PROCEDURES TRAINING** and breakfast on the first day of camp). Please RSVP if you will be joining us the night before camp.

Please note that we will do our best to place you in the position that you requested. Cabins are filled based on your volunteer position. Counselors sleep in cabins with campers.

Please refer to the next page for more information about the specific volunteer positions available. For more information, please visit the FAQ section of our website at <http://projectsunshinenevada.org/get-involved/volunteer-fags/>. If you have any questions about the positions or application process, please email us at volunteer@projectsunshinenevada.org or call our Volunteer Director Jessica Loggins at 702-324-9243.

If you'd like to get an idea of what a day in the life of a volunteer is like, check out the "Through the Eyes of a Counselor" section of our website: <http://projectsunshinenevada.org/counselors/>. You can also "Like" us on Facebook to receive important camp updates: www.facebook.com/projectsunshinenevada.

PROJECT SUNSHINE NEVADA CAMP PROGRAM

VOLUNTEER POSITIONS/REQUIREMENTS & QUALIFICATIONS

COUNSELOR (works with Camper(s) & Peer Buddy and/or CIT)

Must be 21 years of age and able to physically and mentally participate in all camp activities with campers.

Counselor Primary Responsibilities - Provide constant supervision to assigned Camper & Peer Buddy and/or CIT to ensure he/she is safe and well at all times.

- Immediately report any injuries or illnesses of their assigned camper(s) or themselves to the Nurse.
- Make sure campers are properly clothed, eating regularly, and practicing good personal hygiene.
- Monitor campers' behavior; guide them away from harmful or disruptive behavior and towards good and safe behavior.
- Lead campers through the camp schedule so that they are where they're supposed to be on time - and prepared.
- Accommodate campers' physical and social needs so campers can participate in camp as much as possible.
- Encourage campers in words and actions to participate as much as possible in all parts of camp.

CABIN DIRECTORS - Must be 21 years of age

Cabin Director Primary Responsibilities - Provide constant supervision to assigned cabin group to make sure they are safe and well at all times.

- Immediately report any injuries or illnesses of any cabin occupants to the Nurse.
- Monitor cabin occupants' behavior; guide them away from harmful or disruptive behavior and towards good and safe behavior.
- Lead his or her cabin occupants through the nighttime schedule ensuring everyone is in cabin at lights out time.
- Accommodate his or her cabin occupants' physical and social needs so everyone can get a good night sleep (as much as possible).

ACTIVITY DIRECTORS & ASSISTANTS

Must be 18 years of age

Activity Directors/Assistants Primary Responsibilities

- Enjoy working with youth
- Must be dependable and punctual
- Must be confident
- Must have good knowledge of activity and instruction thereof

Activities:

- Arts/Crafts, Music/Theatre, Games & Sports, Bouncy Houses, Nature Hikes, Challenge Course, Rock Wall, Canoes, Swimming, and other.

Please note that we will do our best to place you in the position that you requested.

Housing: Cabins are filled based on your volunteer position. *Counselors sleep in cabins with campers.*

Transportation: We do not offer transportation to or from camp; however when you attend Training Day, you will meet other volunteers and can organize a carpool, if needed.

Other important things to know: We have very limited refrigeration space at Torino Ranch, please bring your own cooler if you have food/drink that needs to be kept cooled.

****RETURNING VOLUNTEERS DO NOT NEED TO COMPLETE THIS PAGE****

EMPLOYMENT HISTORY (list four employers present to past):

Dates	Employer	Supervisor's Name	Day Phone	Job Duties

EDUCATION: If student, list school currently attending:

College/School/City	Major/Field of Study	Diploma/Degrees/Date of Completion

CERTIFICATIONS: Please check any of the following certificates/verifications you currently hold. *Photocopy both sides of all your certifications/verifications and attach them to this application.

Red Cross First Aid	Red Cross CPR for the Professional Rescuer
First Aid (Level:)	Red Cross Lifeguard
Waterfront (Lifeguard) Module	Red Cross Small Craft Safety/Rowing
Safe Boating Certificate	Archery Instruction
Other:	Other:

ACTIVITY SKILLS: Please mark an "A" to items you have taught. "B" to items you could teach:

Arts and Crafts	Dramatics	Music	Dance
Ceramics	Costume & Props	Lead Singing	Call Square
Tie-Dyeing	Drama/Theatre	Musical Instrument	Line Dancing
Woodworking	Campfire Skits/Stories	Other:	Modern
Painting/Drawing	Other:		Other:
Beading/Weaving		Miscellaneous	
Other:	Outdoor Skills	Languages	Sports
	Backpacking/Hiking	Photography	Soccer
Aquatics	Rock Climbing	Newsletter	Volleyball
Swim Instructors	Tent Camping	Face Painting	Archery
Lifesaving	Challenge/Ropes	Sign Language	New Games
Canoeing	Gardening	Bi-Lingual	Football
Other:	Animal/Nature knowledge	What Language:	Other:

Relevant Camp, Volunteer, Child Care, Special Needs or Autism Experience

Dates	Camp or Organization	Supervisor	Position

Applicant's Name: _____ **PAGE 2 Initials of Acceptance:** _____

****RETURNING VOLUNTEERS DO NOT NEED TO COMPLETE THIS PAGE.****

How did you hear about Project Sunshine Nevada?

What contribution do you think you can make at PSNV camps?

Describe your experience with the following (as applicable)

- Children with Autism _____

- Health and Fitness _____

- Children with heart disease _____

What contributions do you think camp can make in the lives of the children who attend?

What special interests and strengths do you have?

NEW VOLUNTEERS ONLY – RETURNING VOLUNTEERS DO NOT NEED TO FILL THIS SECTION OUT

LIST THREE PERSONS, NOT RELATIVES, WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE, AND ABILITY TO WORK WITH CHILDREN/OTHERS.

THIS SECTION MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED.

1. NAME _____ PHONE #: _____
RELATIONSHIP: _____ YEARS ACQUAINTED: _____
2. NAME _____ PHONE #: _____
RELATIONSHIP: _____ YEARS ACQUAINTED: _____
3. NAME _____ PHONE #: _____
RELATIONSHIP: _____ YEARS ACQUAINTED: _____

Applicant's Name: _____ **PAGE 3 Initials of Acceptance:** _____

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: _____

List Immunization History in the last 5 years: _____

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

Applicant’s Name: _____ **PAGE 4 Initials of Acceptance:** _____

PROJECT SUNSHINE NEVADA
VOLUNTARY DISCLOSURE STATEMENT/BACKGROUND CHECK AUTHORIZATION

ALL STAFF AND VOLUNTEERS WILL BE SUBJECTED TO AN ANNUAL CRIMINAL BACKGROUND CHECK

1. Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected: Yes _____ No _____
2. Have you ever been convicted of a Crime? Yes _____ No _____
If yes, please attach a full description including dates/circumstances.
3. Has your name ever appeared on a Sex Offender Registry? Yes _____ No _____
4. Have you ever been adjudged liable for civil penalties or damages or subject to any court order involving sexual or physical abuse of children? Yes _____ No _____
5. Have your parental rights ever been terminated? If yes, for what reason? Yes _____ No _____

A NATIONAL BACKGROUND CHECK IS REQUIRED FOR EACH CANDIDATE BEFORE THE OFFER OF A STAFF OR VOLUNTEER POSITION IS EXTENDED. PLEASE PRINT CLEARLY.

APPLICANT'S CERTIFICATION AND AGREEMENT PLEASE READ CAREFULLY

I _____, hereby authorize Project Sunshine Nevada to obtain information pertaining to any convictions I may have, or have had, for federal and/or state criminal law violations. This information will include, but is not limited to convictions committed, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by state and federal law.

I also authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply verification of the information that I have provided in my application as well as evaluation of my prior performance, and I release them from all liability from their doing so.

Name (First, Middle Last): _____

Social Security Number: _____

For Office Use Only

Birth Date: _____

Driver's License #: _____ (PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE)

PLEASE PROVIDE A 5-YEAR MINIMUM RESIDENTIAL HISTORY.

1. PRESENT ADDRESS: _____ CITY: _____

STATE/ZIP: _____ COUNTY: _____ DATES: FROM _____ TO _____

2. PREVIOUS ADDRESS: _____ CITY: _____

STATE/ZIP: _____ COUNTY: _____ DATES: FROM _____ TO _____

Please attach a separate page to this application if more space is needed to complete the 5-year Residential History.

I understand that:

- a) The camp may deny acceptance to any person who answers any of the questions numbered 1-5 above in the affirmative.
- b) In applying for a camp position the information that I have furnished on this form is subject to verification, which will include a criminal background check and a request from any Central or Regional Registries for the collection of information concerning the abuse or neglect of a child.
- c) The camp may terminate employment or volunteer service of any person:
 - 1) Found to have a history of complaints of abuse of a minor and/or
 - 2) Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse and/or otherwise of a minor or any other person.
- d) This disclosure statement must be updated yearly.
The above statements are true and complete to the best of my knowledge. Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination.

Signature: _____ **Date:** _____

Applicant's Name: _____ **PAGE 5 Initials of Acceptance:** _____

PROJECT SUNSHINE NEVADA ACCEPTANCE CONDITIONS

CONFIDENTIALITY AGREEMENT: As a member of the Project 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 Project Sunshine Nevada 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 Project Sunshine Nevada. 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, as well as attend One Day of Training as required before each camp.

_____ **Initials/Photo & Video Release:** I hereby authorize Project Sunshine Nevada and all Project Sunshine Nevada Community Affiliates to use pictures of me or my child/ward taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). I hereby release Project Sunshine Nevada, 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. Project Sunshine Nevada may use photographs taken during camps on all Project Sunshine Nevada 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/my child/ward is 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 my child or 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. Project Sunshine Nevada 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 Project Sunshine Nevada. 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 Project Sunshine Nevada) 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 Project Sunshine Nevada. I agree to notify Project Sunshine Nevada of any changes that need to be made in this application before camp begins.

Applicant (Volunteer) Signature _____ Date _____

Printed Name _____

Applicant's Name: _____ **PAGE 6 Initials of Acceptance:** _____

PROJECTY SUNSHINE NEVADA

VOLUNTARY RELEASE, ASSUMPTION OF RISK/AGREEMENT NOT TO SUE

Individual, Parent, Guardian or Conservator: Please sign and initial
ONE RELEASE PER APPLICANT (PERSON)

I, _____
(Please print name: Parent/Guardian or Volunteer)

Agree and authorize my child/self _____
(Please print name: Child/Camper/Peer Buddy and/or CIT or Self, if Volunteer)

to participate in a Project Sunshine Nevada overnight camp program at Torino Ranch, Las Vegas, NV, a camp at an altitude of 6700 feet, between the dates of June 8, 2017 through September 3, 2017, where my child/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 child's/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 Project Sunshine Nevada, 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 Project Sunshine Nevada and in these Activities, I hereby voluntarily on behalf of myself /my child and my/our respective heirs, executors, guardians, legal representatives, administrators and assigns (collectively, "Releasors"):

PLEASE INITIAL NEXT TO EACH NUMBERED ITEM

___ 1. Certify that my child is/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 my child is/I am not capable of participating in the Activities. I accept full responsibility for any injuries or illnesses that my child/I may suffer during the Activities, including but not limited to, those resulting from any pre-existing medical condition. In the event my child is/I am under the care of a healthcare practitioner, I have consulted with that practitioner and obtained his or her consent to my child's/my participation in the Activities and hereby confirm to Project Sunshine Nevada that my child's/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 Project Sunshine Nevada, 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 Releasors 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 child's/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.

Applicant's Name: _____ **PAGE 7 Initials of Acceptance:** _____

___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 child's/my travel to any/or participation in the Camp Activities and released in Section 2 hereof. Furthermore, I accept full responsibility to drive my child/myself to and from camp program in a reliable vehicle and in an alert and responsible manner.

___4. Understand that my child's/my participation in the Camp Activities is entirely voluntary. I have been given the opportunity to talk to Project Sunshine Nevada 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 my child/myself incurs 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 child's/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 child's/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 MY CHILD/I WILL PARTICIPATE IN; INCLUDING THE TRANSPORTATION RELETED 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, MY CHILD AND ALL RELEASORS.

Date: _____

Name (printed) _____ Signature _____

If CAMPER/PEER BUDDY AND/OR CIT/VOLUNTEER is under the age of 18:

I, am the legal parent, guardian, or conservator of: _____

Name (printed) _____ Signature _____

Applicant's Name: _____ **PAGE 8 Initials of Acceptance:** _____

Project Sunshine Nevada - Rules and Regulations

Lovell Canyon Residential, LLC provides the use of its property (hereinafter referred to as "CAMP"). Project Sunshine Nevada asks that you read, understand and abide by the following rules during your stay at either facility. A lot of care has gone into creating the CAMP venue, the facilities and the surroundings...please treat everything with kindness and respect including nature and its wildlife. These Rules and Regulations apply at all times and with no exceptions. Should you have any questions regarding any of the rules, please don't hesitate to speak with the Camp Director.

General –

- No weapons allowed.
- No smoking allowed.
- No alcohol allowed.
- No outside pets/animals allowed.
- No gum allowed.
- No littering and please pick up trash when you see it.
- No rock throwing, walking through flowerbeds or other destructive behavior.
- No walking outside at night by yourself (use the buddy system even when going to the bathroom).
- No open campfires other than those designated "official campfires".

Participant's initials

Lake and Pool -

- No swimming without a lifeguard on duty.
- No pushing or throwing others in lakes or pool.
- No walking / hanging around lake at night unless participating in an approved activity and approved by Camp Director.
- Swimming pool will be locked when not in use. No person is to be at the pool unless they have been assigned to be participating in a pool activity and a certified lifeguard is on duty.
- No person is to be at the lake unless they have been assigned to be participating in a lake area activity and a certified lifeguard is on duty.
- All participants must properly wear a personal floatation device (PFD) at ALL times while in a canoe.
- Please follow all posted pool and lake rules and regulations.

Water Guns – Water gun games have become a popular activity. In order for us to keep this activity safe and fun, we have set the following rules in place:

- No water guns inside any buildings (including bunkhouses).
- No water guns are to be used for any reason within 15 feet of any building structure.(THIS INCLUDES PORCHES)
- No water guns are to be used in the food courtyard area at any time.
- No water guns are to be used on persons asking not to be included in the water gun games.

Vehicles –

- When traveling to either CAMP make sure your car has a full tank of gas; no gasoline or services are available.
- Speed limit on CAMP property is **not to exceed 5 miles per hour.**
- I understand that that Project Sunshine Nevada has a zero tolerance policy regarding speeding, and that if I drive in excess of 5 mph, I will be asked to leave CAMP.

Participant's initials

- All vehicles must be parked in PARKING LOTS. When parking, please back in your vehicle. Upon entering the check in at Registration, or with Camp Director.
- Do not drive your vehicle past the parking lot.**
- Lock your vehicle. **Lost or stolen items are not the responsibility of Lovell Canyon Residential, LLC, or Project Sunshine Nevada.**

Participant's initials

Golf Carts – Golf Carts are to be driven by Project Sunshine Nevada Staff ONLY

- Speed limit is **not to exceed 5 miles per hour.**
- Golf carts are to stay on designated pathways (not through flower beds, across grass areas or 4 wheeling across any areas).
- No one is to ride in golf carts while standing up.
- No one is to sit on laps while riding in golf carts.
- Golf cart riders cannot exceed the designed capacity limit. Weight capacity is 800 pounds and recommended seating arrangements are 2 adults or 3 children per bench.

Participant's initial

Project Sunshine Nevada - Rules and Regulations

Telephone policy -

- Do not answer the telephone unless you are authorized to do so.
- You may use the Camp Partner designated telephone only at the specific times designated unless there is an emergency.
- When using the telephone, please limit your phone calls to **3 minutes**.
- Give the Camp Partner designated phone number to friends and family for emergency purposes only.
- FYI – there is no Internet access, and cellular phones do not get signals. Please leave your electronic devices at home or locked in your vehicle.

Laundry facilities –

- Laundry will be done each day at a designated time.
- In order to ensure all clothes get back to their proper owner, please mark the individual's name with a permanent marker on their specific items.

Shower facilities –

- No one likes a dirty shower or bathroom so the first rule of thumb is keep it clean by cleaning up after yourself!
- Showers are not to exceed 5 minutes! (Hey, at least it's not military style!) (Hot water is not endless).
- Please use extreme caution when using electrical devices around the sink areas.
- Please be "space" courteous to others. It's a small space with a lot to do in a small amount of time so share space.
- And again, keep it clean by cleaning up after yourself.

Lost items –

- Please turn any lost items that you find into the "Lost and Found" ...and again
- Lost or stolen items are not the responsibility of Lovell Canyon Residential, LLC, or Project Sunshine Nevada.**

Stolen items –

- Please leave your valuables at home. If any items are stolen, please report it to the Camp Director immediately. Please keep your items with you or in a safe place and do not disturb others' belongings.
- Lost or stolen items are not the responsibility of Lovell Canyon Residential, LLC, or Project Sunshine Nevada.**

Bunkhouses and Campsites –

- The Camp Director or Volunteer Director will assign you to a bunkhouse. At this time, please make note of any broken or damaged items that need attention.
- Keep it clean by cleaning up after yourself.
- Everyone is to follow the Bunkhouse Rules and Regulations posted inside each bunkhouse along with participating in chores. A list of chores is provided in each bunkhouse.
- Trashcans are provided in each Bunkhouse. Trash is to be disposed of in the following manner: tie trash bags securely with a knot and place bags outside of the front door in the **morning** prior to departing for breakfast/activities.
- Do not place trash bags outside at night; we tend to attract critters that way.
- No matches, candles or other burning materials are allowed.
- No hotplates or electrical appliances allowed with the exception of hair blow dryers.
- You will be checked out of the bunkhouse upon your departure at which time you are to note any accidents that may have caused damage to the bunkhouse. Common courtesy policy is **"Leave it as it was left to you – or better."**

I have read, understand and fully accept and agree to abide by the Project Sunshine Nevada Rules and Regulations while at either or both CAMP at all times.

Signature of applicant
(Volunteer/visitor/employee/camper/Peer Buddy/CIT/independent contractor)

Date

Please print name

Signature of parent or guardian if applicant is under 18 years of age

Date

Lovell Canyon Residential, L.L.C. (RANCH)
RELEASE AND HOLD HARMLESS AGREEMENT

Required for each Participant/Volunteer/Service Contractor/etc.

THIS RELEASE AND HOLD HARMLESS AGREEMENT is hereby made this _____[day],
of _____[month], _____[year], by each and every one of the following releasing
parties:

(a) _____(Hereinafter, referred to as "Participant"), and

(b) If Participant is a minor, then Participant's custodial parent or guardian
(all collectively, hereinafter referred to as "Releasers"),

In favor of and for the benefit of each and every one of the following Releasees:

Lovell Canyon Residential Limited Liability Company commonly known as Torino Ranch (hereinafter referred to as "Ranch") and Project Sunshine Nevada (hereinafter referred to as "PSNV"), all collectively, and with each of its directors, members, managers, officers, employees, agents and contractors (all collectively, referred to as "Releasees").

WITNESSETH:

A. Participant desires to participate in the program or event(s) (hereinafter referred to as "Program") co-sponsored and co-organized by one or more of the following: Families for Effective Autism Treatment, hereinafter referred to as FEAT, Grant a Gift Autism Foundation, hereinafter referred to as GAGAF, Sport-Social, hereinafter referred to as SS, Childrens Heart Center Nevada and Children's Heart Foundation, hereinafter referred to as CHCN & CHF, Nevada Childhood Cancer Foundation, hereinafter referred to as NCCF; and any other organization co-sponsoring or co-organizing a program or event at the RANCH which by the very nature of such Property, contains conditions which may be inherently dangerous conditions;

B. The Program activities include, but are not limited to, overnight camping, archery, rock climbing, swimming, canoeing, challenge courses and hiking which may be inherently dangerous activities;

C. RANCH owns the Property, and, in the spirit of benevolence and community involvement, has agreed to permit FEAT, GAGAF, SS, CHCN, CHF, NCCF, and any other organization co-sponsoring or co-organizing a program or event to hold the Program at the RANCH in conjunction with and under the supervision of Project Sunshine Nevada.

D. RANCH is not a party to the Program, or the conduct of Program activities at the RANCH. RANCH is not required to make, and has not made, any investigation of or representation or warranty regarding the RANCH, its condition and/or security, or the suitability of the RANCH for the Program or the Participants;

E. To materially induce RANCH / PSNV to grant a non-exclusive license to FEAT, GAGAF, SS, CHCN, CHF, NCCF, and any other organization co-sponsoring or co-organizing a program or event to use the RANCH as the venue for the Program, all Participants are to be required to Release and hold Releasees harmless from and against any and all liability arising from or related to the Program and/or the RANCH; and

F. This release is not limited to a specific date of activity but all activities by the undersigned at any time on any day at the RANCH. This release is not limited by any time period.

NOW, THEREFORE, each and every one of the Releasers, in consideration of the foregoing recitals, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged hereby, do hereby expressly and unconditionally forever release, discharge, hold harmless, indemnify, and covenant not to sue, Releasees, from or for any and all claims, causes of action, demands, liability, damages, judgments (whether in tort or otherwise), executions, and costs and expenses, on account of injury to the Participant or RANCH or resulting in the death of the undersigned, under the laws of the State of Nevada or any other jurisdiction, which the Releasers, and anyone claiming through or under them, or any of them, has never had, or now has, or may have, or may claim to have, whether known or unknown, absolute or contingent, arising from, pertaining to, connected with, or as a result of the Program or the RANCH, whether caused by the negligence of the Releasees or otherwise.

The undersigned hereby assumes full responsibility for Risk of Bodily Injury, Death or Property Damage due to the negligence of Releasees or otherwise while in, about, or upon the RANCH and/or while using the RANCH or other facilities or equipment hereon.

The undersigned further expressly agrees that the foregoing Release and Hold Harmless Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Nevada and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Releasors, and each of them, hereby acknowledge that this is an important document with serious legal consequences, and represent and warrant that Releasors, and each of them, have had full and fair opportunity to consult with legal counsel of their own choosing concerning this Release, and, having considered such legal advice, voluntarily, knowingly and without reservation, duress, or legal or equitable defense, have executed this Release. The undersigned also acknowledges that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

In addition, I hereby consent to the use by RANCH / PSNV of the pictures, photographs, news stories or audio-visual footage obtained prior to, during or after Program of any Participant including but not limited to Peer Buddy/CIT, volunteers and/or service providers for reproduction of the same in any form including but not limited to advertising, illustration, or publication. This consent is not limited by any time period.

RELEASORS (Participants in any way):

Photocopy of Participants (Participant's parent or guardian if Participant is a minor) valid Drivers License or Identification card must be attached to each Peer Buddy/CIT application.

Printed Name of Participant	Signature of Participant	Date
Street Address for Participant	City	State Zip Code

AND

REQUIRED if Participant(s) is/are a Minor:

Photocopy of Participants (Participant's parent or guardian if Participant is a minor) valid Drivers License or Identification card must be attached to each Peer Buddy/CIT application.

Participants Custodial Parent or Legal Guardians Signature	Relationship to Minor
--	-----------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Participants Custodial Parent or Legal Guardians Signature	Relationship to Minor
--	-----------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

OR: Company Services Provided By: _____

SIGNED AND/OR AFFIRMED before me on this _____[day], day of _____