



Camp To Belong Nevada 2020 Participant Application (Part One). Referrals for this event will focus on siblings living in separate homes. Siblings living together in need of sibling enhancement who have been recently reunified or who are anticipated to be separated may also be referred. Upon completion of Part One candidates will be given Part Two for completion.

Camp To Belong Nevada Sunday June 7, 2020 – Friday June 12, 2020

**Drop Off: Sunday June 7, 2020**

8:00am

Sibling Preservation

2685 S Rainbow Blvd, Suite 112

**Pick Up: Friday June 12, 2020**

5:00pm-6:00pm

Sibling Preservation

2685 S Rainbow Blvd, Suite 112

**\*Remember your Photo I.D.**

**Contact Phone Number: June 7– Friday June 12**

Pathfinder Ranch

35510 Pathfinder Road

Mountain Center, California 92561

[www.pathfinderranch.com](http://www.pathfinderranch.com)

951-659-2455

Complete ALL application pages early as space is limited. Complete one application per participant. **Upon completion of Part One you will be sent Part Two.**

All paperwork is due in full on or before **April 17, 2020**.

Kevin Nelson  
Sibling Preservation  
2685 S Rainbow Blvd, Suite 112  
Las Vegas NV 89146  
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**Give Siblings Their Right To Reunite!**  
A Program of Sibling Preservation  
St. Jude's Ranch for Children

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**St. Jude's Ranch for Children  
Camp To Belong Nevada - 2020**

**Attention Guardians: A completed and signed copy of this form is required for attendance at Pathfinder Ranch located in Mountain Center, California. Any changes/alterations to this document will make it invalid, and another signature will be required.**

**CTB NV Application Instructions**

**PLEASE PRINT ALL INFORMATION.**

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**QUESTIONS REGARDING CAMPER:**

- Please answer all questions using the check boxes and providing detailed information.
- This information is to help us to get to know the camper and better meet their individual needs while at camp.
- Campers should be a minimum of 8 years old. To refer younger campers please contact Sibling Preservation.
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**PERSON RESPONSIBLE FOR CHILD'S PICKUP FROM PATHFINDER RANCH:**

- Transportation to and from camp is provided as part of the camp experience.
- This section is for those rare cases where a youth is not able to complete his time at camp due to an unforeseen issue, such as illness. The ten day notice policy is not applicable to the programs of Sibling Preservation.
- A person must be designated who could pick up the child from camp.
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**AGENCY INFORMATION:**

- Please complete this form if the child living in your home has a caseworker.
- Provide contact information for the caseworker.
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**SIBLING INFORMATION:**

- As this is a sibling reunification camp it is important that we make contact with all siblings.
- Please provide the information to your knowledge about the siblings even if it is not complete.
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**WORKER'S NAME(S):**

- List the names and phone numbers of all workers involved in the campers care.

**CONSENT OF ATTENDANCE:**

- If the child has a caseworker and is in the custody of DFS/DCFS then the caseworker needs to sign this page.
- If you are the legal guardian of the child and there is no caseworker then you should sign this page.
- Please have someone sign as a witness.

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## St. Jude's Ranch for Children Camp To Belong Nevada - 2020

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## GENERAL INFORMATION

**NAME OF CAMPER:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **AGE AS OF THE DATE OF APPLICATION:** \_\_\_\_\_

RACE: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

**PARENT/GUARDIAN/CARE PROVIDER:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

## ALTERNATIVE EMERGENCY CONTACTS:

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

*The answers you provide below will help us determine if we need to get to know your camper in greater detail prior to camp. Please answer all questions honestly. Additional pages can be attached if necessary.*

Camper is:  in Foster Care  Adopted  in Kinship care  with Birth Parent(s)  Independent Living  NIC

Are the camper's natural parents involved in their life?  Yes  No      Can they be contacted?  Yes  No

Has your camper attended an alternate school to assist with behaviors?  Yes  No

Please list the dates of the last 3 changes in placement: DD/MM/YYYY

Are there any psychological, physical or emotional issues that staff volunteers should be aware of in order to provide a successful camp experience for your camper?  Yes  No

successful camp experience for your camper?  Yes  No  
If yes, please explain what and how this affects the child:

Does this camper have a history of running away?  Yes  No

If yes, please explain what and how this affects the child:

Would this camper have difficulties spending one or more nights away from home?  Yes  No

Would this camper have difficulty spending one or more nights away from home?  Yes  No

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Has this camper ever been arrested? ?  Yes  No

If yes, please explain what and how this affects the child: \_\_\_\_\_

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Is this camper currently on Probation/Parole?  Yes  No

If yes, please explain what and how this affects the child: \_\_\_\_\_

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Does this camper have a history of physical aggression, toward others, self or property?  Yes  No

If yes, please explain what and how this affects the child: \_\_\_\_\_

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Will this camper's Foster Parent(s), Adoptive Guardians, Kinship Providers or Birth Guardians (based on current placement of child be at home and available during camp in the case of a medical/behavioral/psychological emergency?  Yes  No

Will this camper's caseworker or care provider be at work and available during camp in the case of an emergency?

Yes  No

If the camper's caseworker is not available in case of an emergency, is the camper in the custody of a treatment home?

Yes  No

If a camper is in the custody of a treatment home, an agency duty worker will be contacted. If a camper is not in the custody of the agency please provide a name and phone number of a contact person who is informed about the child's participation in camp and who will be available as the primary point of contact in the case of an emergency

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

We make every effort to ensure that a child experiences the full week of camp believing that to be in the best interest of the camper and the siblings. In the event that a camper is no longer able to continue at camp, who will be responsible (24 hours per day) for pickup and transportation from Pathfinder Ranch or through the airport of origin? The ten day notice policy is not applicable to the programs of Sibling Preservation.

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**REFERRING AGENCY INFORMATION: (if applicable)**

LOCATION NAME OF REFERRING AGENCY: \_\_\_\_\_

NAME OF CAMPER'S CASEWORKER: \_\_\_\_\_ LAST FIRST

AGENCY'S ADDRESS: \_\_\_\_\_ OFFICE LOCATION STREET/NUMBER CITY STATE ZIP

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF CASEWORKER'S SUPERVISOR: \_\_\_\_\_ LAST FIRST  
WORK PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**\*AFTER HOURS, WEEKENDS, AND EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

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**SIBLING INFORMATION**

Is this child separated from siblings in foster care? Yes  No   
Do they see each other regularly? Yes  No   
Has a TPR been ordered? Yes  No   
Total Number of Siblings 1 2 3 4 5 6 7 8 9 10 11 12  
Number of Siblings Placed With 1 2 3 4 5 6 7 8 9 10 11 12  
Number of Siblings Separated From 1 2 3 4 5 6 7 8 9 10 11 12  
Frequency of Contact with Separated Siblings: Daily Weekly Bi-Monthly Monthly Quarterly Rarely

**Date of Last Sibling Visit:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list the names, ages, and gender of this participant's siblings. We will make contact with all siblings. Attach an additional page if necessary.

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**AGE:** \_\_\_\_ **GENDER:** \_\_\_\_\_ **PLACEMENT PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**AGE:** \_\_\_\_ **GENDER:** \_\_\_\_\_ **PLACEMENT PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**AGE:** \_\_\_\_ **GENDER:** \_\_\_\_\_ **PLACEMENT PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**AGE:** \_\_\_\_ **GENDER:** \_\_\_\_\_ **PLACEMENT PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**AGE:** \_\_\_\_ **GENDER:** \_\_\_\_\_ **PLACEMENT PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

Briefly describe the sibling's interaction with each other (include strengths and challenges):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DFS or DCFS WORKER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

WIN WORKER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CASA NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

YOUTH SUPPORT WORKER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

OTHER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**CONSENT OF ATTENDANCE  
SIGNATURE REQUIRED FROM CASEWORKER OR GUARDIAN**

NAME OF CAMPER: \_\_\_\_\_

In consideration for being permitted to participate in the activities organized on the premises of and/or administered by Sibling Preservation and Pathfinder Ranch, I, the parent or legal guardian of the minor named above agree to assume all risk of any kind of injury or damage my child may incur or sustain as a result of his/her participation, including property loss, property damage, personal injury or death.

By my signature below, I acknowledge my understanding of this release and hold harmless agreement and agree and confirm that:

1. As the parent/guardian, it is my responsibility to instruct the minor participant if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
2. The above-named minor, during the course of his/her stay at Pathfinder Ranch, may participate in all of the activities. Any limitations should be noted as such: \_\_\_\_\_
3. I grant permission for the above-named minor to receive medical treatment for any and all injuries and illnesses sustained or experienced during his/her stay at Pathfinder Ranch or participation in the activities organized by St. Jude's Ranch for Children and/or Pathfinder Ranch.

I knowingly and freely assume all risks, both known and unknown, and hereby agree to release, indemnify and hold harmless for myself, the above-named minor and our heirs and assigns, Pathfinder Ranch, its affiliates and subsidiaries, employees, agents, volunteers, officers, directors, board members and their immediate families, successors and assigns with respect to any and all injury, disability, death or loss or damage to person or property associated with the presence of participation of the above-named minor in my charge whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ /2020

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ /2020

PRINTED NAME OF WITNESS: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_