



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

(p)702.436.1624 xt 220

(f) 702.367.1624

(e) [knelson@stjudesranch.org](mailto:knelson@stjudesranch.org)

Give Siblings Their Right To Reunite!  
A Program of Sibling Preservation  
St. Jude's Ranch for Children

**PAGE 2**

**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.**

**PAGE 3**

**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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**PAGE 4**

**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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**PAGE 5**

**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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**PAGE 6**

**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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## GENERAL INFORMATION

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

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

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

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

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

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

STREET/NUMBER	CITY	STATE	ZIP CODE
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**WORK ADDRESS:** \_\_\_\_\_  
                                     STREET/NUMBER                                    CITY                                    STATE                                    ZIP CODE

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

**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

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

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

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Has this camper ever been arrested? ? ☐ Yes ☐ No

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

Is this camper currently on Probation/Parole? ☐ Yes ☐ No

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

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: \_\_\_\_\_

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:** \_ (\_\_\_\_) \_\_\_\_\_

<b>REFERRING AGENCY INFORMATION: (if applicable)</b>
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**LOCATION NAME OF REFERING 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:** \_ (\_\_\_\_) \_\_\_\_\_

## SIBLING INFORMATION

Date of Last Sibling Visit:        /        /

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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: (\_\_\_\_) \_\_\_\_\_

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

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

- 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.

**PRINTED NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

LAST	FIRST	MIDDLE

PRINTED NAME OF WITNESS: \_\_\_\_\_