



Camp To Belong Nevada 2021 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 13th – Friday June 18th 2021

Drop Off: Sunday June 13th 2021

8:00am

St Jude's Sibling Preservation
2685 S Rainbow Blvd, Suite 112

Pick Up: Friday June 18th, 2021

5:00pm-6:00pm

St Jude's Sibling Preservation
2685 S Rainbow Blvd, Suite 112

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

Contact Phone Number: Sunday JUNE 13th – Friday June 18th 2021

Pathfinder Ranch
35510 Pathfinder Road
Mountain Center, California 92561
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 **May 3, 2021.**

Kevin Nelson
St. Jude's Sibling Preservation
2685 S Rainbow Blvd, Suite 112
Las Vegas NV 89146
(p)702.436.1624 xt 220
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(e) knelson@stjudesranch.org

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

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**St. Jude's Ranch for Children
Camp To Belong Nevada - 2021**

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 Child Focus.
-

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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 Child Focus.
- 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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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

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 Child Focus.

NAME: _____ **PHONE:** _ (____) _____

REFERRING AGENCY INFORMATION: (if applicable)

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: / /

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.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____/____/2021

PRINTED NAME OF PARENT/GUARDIAN: _____

LAST	FIRST	MIDDLE

SIGNATURE OF WITNESS: _____ **DATE:** ____/____/2021

PRINTED NAME OF WITNESS: _____