

CAMP THRIVE LAS VEGAS - VOLUNTEER APPLICATION (2025)

APPLICATION DEADLINE: February 28, 2025

CAMP LOCATION:

Alamo 4-H Camp and Learning Center
1536 Alamo West Road
Alamo, Nevada, 89001

CAMP DATES: Friday, June 6, 2025 – Sunday, June 8, 2025 (overnight camp)

VOLUNTEER AGE GROUP: 18+

VOLUNTEER RESPONSIBILITIES: Volunteer responsibilities include but may not be limited to supervision of campers, overseeing camp activities, supporting onsite therapeutic staff, clean up duties as well as any other responsibilities deemed necessary for the successful implementation of Camp Thrive Las Vegas.

APPLICATION INSTRUCTIONS: Please ensure that each section is written legibly and that the application is filled out in its entirety. Incomplete applications will not be processed. Along with this application, all volunteers must also fill out and return a Clark County background check form.



ALL applications must be emailed to: campthrivelv@cac-foundation.org

VOLUNTEER INFORMATION

Full Name (First, MI, Last):		
DOB:	Gender:	Race/Ethnicity:
Address:		
City:	State:	Zip Code:
Phone Number:	T-Shirt Unisex Size (Circle One): SM, MED, LG, XL, XXL, XXXL	
Email:		

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Phone Number:	Email:



Volunteer Last Name: _____

EDUCATION HISTORY

	NAME	YEARS ATTENDED	DIPLOMA / DEGREE
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
TRADE SCHOOL			
OTHER			

List any trainings, certifications, or licenses you may have:

- _____
- _____
- _____
- _____

EMPLOYMENT (PAST 5 YEARS)

EMPLOYER	POSITION	DATES EMPLOYED	REASON FOR LEAVING

List any languages you speak and the level of fluency:

- _____
- _____
- _____

Volunteer Last Name: _____

QUESTIONNAIRE

Have you ever been convicted of a criminal offense? Yes | No

If Yes, please specify: _____

Do you consent to a background check ? Yes | No

If No, please specify: _____

Do you have any restrictions on physical activity? Yes | No

If Yes, please specify: _____

Do you require any special accommodations? Yes | No

If Yes, please specify: _____

Do you have any food, medication, or other types of allergies? Yes | No

If Yes, please specify: _____

Do you have any dietary restrictions? Yes | No

If Yes, please specify: _____



Volunteer Last Name: _____

REFERENCES

Please list three (3) references:

Reference #1:

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Reference #2:

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Reference #3:

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Volunteer Last Name: _____

CONFIDENTIALITY STATEMENT

This statement is written for the purpose of protecting the information of the campers that will be attending Camp Thrive Las Vegas and to prevent the unauthorized disclosure of any confidential information that, I, as volunteer staff, may become privy to. By signing this confidentiality statement, I acknowledge that I understand what constitutes confidential information, as well as my responsibilities as the receiving party of any confidential disclosures.

Definition of confidential information: *For purposes of this statement, “confidential information” includes any and all personal information disclosed regarding individual campers, Camp Thrive Las Vegas applications and intake forms, therapy schedules and curriculums, any and all information disclosed during group therapy sessions, as well as any other information that can be reasonably understood to be confidential given the nature of the information and the circumstances of disclosure.*

In the event that a camper, intentionally or unintentionally, discloses information about an incidence of abuse or maltreatment, which may or may not have already been reported, such disclosure(s) should be **immediately** brought to the attention of the camp clinical director or CACF personnel.

As a volunteer, you are **not** to disclose any personal information about yourself to the campers. You are also **not** to contact any campers after the conclusion of camp. You are **not** to exchange phone numbers, addresses, emails, or social media account information.

As a volunteer you are **not** to photograph or videotape any of the campers nor take pictures or videos of yourself with the campers. You are **not** to videotape or photograph at any given time during camp.

Any violation of this statement will result in legal consequences. Should you be found in violation, you will be asked to leave camp immediately.

Print Name: _____

Signature: _____

Date: _____

Volunteer Last Name: _____

ACKNOWLEDGEMENT

I, _____, acknowledge that I am applying for a volunteer position with Camp Thrive Las Vegas to be held in Alamo, NV.¹ If selected, I understand that my duties begin at 10:30 am on Friday, June 6, 2025, and will continue until such time of our return to Las Vegas during the evening of Sunday, June 8, 2025, at approximately 8:00 pm. I also understand that I am required to attend a mandatory training meeting to be held on May 27, 2025 at 6:00 pm at the Children's Advocacy Center, 701 N. Pecos Rd., Bldg K-1, Las Vegas, NV 89101.

I understand that this is a volunteer position, and either I, or the Children's Advocacy Center Foundation, or its representatives, may terminate my volunteer service at any time, for any reason, or for no reason at all, as either party sees fit or deems necessary.

I understand that I am not an employee of the Children's Advocacy Center Foundation and I have no expectation of an employment relationship, whether expressed or implied.

I understand that I will be paid a stipend for my volunteer services at a rate of \$100 a day for a total stipend amount of \$300. Should I choose not to collect my stipend, those monies will be reallocated to be used to support Camp Thrive Las Vegas in 2025.

I understand that I will not be reimbursed for any out-of-pocket expenses that I may incur in performing my volunteer duties, unless an authorized employee of the Children's Advocacy Center Foundation approves such an expense in advance.

I understand that the Children's Advocacy Center and the 4-H Camp and Learning Center prohibits the consumption or serving of any alcoholic beverages, prohibits the use of tobacco and marijuana products, and prohibits bringing any dangerous weapons to the campsite.

Hereby acknowledged this ____ day _____, 2025.

Print Name: _____

Signature: _____

¹ Transportation will be provided to and from the venue. Volunteers are asked to please leave their vehicles parked onsite at the Children's Advocacy Center throughout the weekend or make arrangements to be dropped off and picked up.