



Volunteer Application

Today's Date	
Full Name	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
Email	
Date of Birth	
Driver's License #	
Organization	
Emergency Contact (Name, Relation, Phone #)	

Experience & Training: Please summarize all skills, abilities, special training, interests, and/or experience including professional that will assist you in your volunteer duties: _____

Availability:

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM TIME:							
UNTIL TIME:							

Optional: Some volunteer opportunities may require the following certification and/or license. If interested, please check appropriate boxes:

- Are you CPR Certified? Please attach copy of current CPR Card.
- Do you hold a Commercial Driver's License (Class B, passenger endorsement?) Please attach current copy of license.



Please read the following carefully before signing this application:

I hereby consent to permit the Southern Nevada State Veterans Home (SNSVH) to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with SNSVH that is true, correct, and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with SNSVH.

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker. I consent to having my name and/or photograph published in SNSVH publications or Nevada Department of Veterans Services publications. SNSVH is a drug-free workplace, handicap accessible in accordance with the ADA standards and complies with the Civil Rights Act.

Printed Name

Signature

Date

Junior Volunteer Parental Approval Only

_____ Has my approval to work as a volunteer at the Southern Nevada State Veterans Home and has my permission to receive diagnosis or emergency medical treatment, if injured while volunteering.

Parent/Guardian Signature

Date