



HELP of Southern Nevada Volunteer Application
 Please mail or fax completed application to:
HELP of Southern Nevada
 Attn: Volunteer Coordinator
 1640 East Flamingo Road, Ste 100, Las Vegas NV 89119
 Tel: 702-369-4357 Ext. 247 Fax: 702-369-4089 Email: lhutchison@helpsonv.org

MISSION STATEMENT

We serve with care. We assist families and individuals throughout Southern Nevada to overcome barriers and attain self-sufficiency through direct services, training and referral to community services.

Thank you for your willingness to volunteer with us. We could not do what we do without you! Please complete this application fully so that we may provide you with a meaningful volunteer experience.

Date of Application _____

Print Full Name _____
First Name Middle Name/Initial Last Name

Date of Birth ____/____/____ Male Female (Circle one)

E-mail Address _____ Fax _____
May we contact you by email? Yes No (Circle one)

Home Phone _____ Work _____ Cell _____
Can you be called at work? Yes No (Circle one)

Home Address _____
Street City State Zip

Do you speak any languages besides English? Yes No (Circle one) Language _____

Proficiencies in other language(s): (Circle one) Read Write Speak

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____ Other Number _____

COMPLETE THIS SECTION IF VOLUNTEER IS BETWEEN 12 and 18 YEARS OF AGE (*no one under 12 please*)

Parent or Guardian Name _____

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____
Can you be contacted at work? Yes No (Circle one)

Signature of Parent or Guardian _____ Date _____

Please list the days and times/ hours you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Have you ever been convicted of a felony or misdemeanor? Yes No (Circle one) (EXCLUDE convictions that have been sealed, expunged or statutorily eradicated.) If you answered yes, please explain by giving the dates, locations, offense(s) and outcomes _____

Answering "Yes" to the above question will not necessarily preclude you from participation as a volunteer.

Are you currently a client of or seeking assistance from HELP of Southern Nevada? Yes No (Circle one)

Programs and assistance you are seeking _____

Are you now or have you ever been involved with/volunteered for HELP of Southern Nevada? Yes No (Circle one)

If yes, what is/was your position? _____ Date(s) _____

How did you hear about HELP of Southern Nevada? _____

Please tell us about your hobbies and interests _____

Why would you like to Volunteer at HELP of Southern Nevada? _____

In which of our Programs would you like to volunteer? _____

Do you have any special skills/licensing/training? Please list them here _____

Do you have a vehicle available to you? Yes No (Circle one) Driver's License: Yes No (Circle one)

Liability Insurance: Yes No (Circle one) Insurance Provider _____

REFERENCES

Please list two non-family references for us to contact regarding your application to volunteer with HELP of Southern Nevada:

Name _____ Relationship _____

Complete Address _____
Street City State Zip Code

Primary contact phone # _____ Alternate contact phone # _____

Name _____ Relationship _____

Complete Address _____
Street City State Zip Code

Primary contact phone # _____ Alternate contact phone # _____

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Please read all of the following provisions before signing this application

I understand and agree that:

The information I have provided may be verified and I hereby give permission to HELP of Southern Nevada to make inquiries concerning my suitability to act as a HELP of Southern Nevada volunteer. I understand that verification and inquiry may include my motor vehicle operation history (DMV), criminal background check(s), or alcohol and/or drug screening. Further, I hereby release all parties and persons from any and all Liability for any damages, and voluntarily waive any and all rights, claims charges, complaints, or cause of action I have or may have against HELP of Southern Nevada, including its directors, officers, employees and representatives, and any consumer reporting agency HELP of Southern Nevada may engage, as a result of HELP's and/or its representatives action in seeking, using and/or disclosing information gained from a Consumer Report or Investigative Consume Report about me, or any other background check or report about me, including information gained from the state or federal Sexual Offender Identification Line/Registry or any other source.

I, _____, hereby authorize HELP of Southern Nevada to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law. I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize HELP of Southern Nevada, its directors, officers, employees, other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

I authorize and consent to HELP of Southern Nevada, and/or its contractor, to perform a thorough background investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand this criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from volunteering.

In the course of volunteering for HELP of Southern Nevada, I may be dealing with confidential information and I agree to keep said information in the strictest of confidence.

The relationship between HELP of Southern Nevada and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or HELP of Southern Nevada.

I hereby grant HELP of Southern Nevada permission to use my likeness, voice and words in or on television, radio, film and HELP of Southern Nevada website(s), or in any other form, format or media to promote the activities of our fundraising for HELP.

I am responsible for informing HELP of Southern Nevada of ANY changes regarding information contained in this application, and I am responsible for following and abiding by the Volunteer Guidelines as outlined in the attached handout.

I have no objections to submitting to drug and/or alcohol screening at the expense of HELP of Southern Nevada. If the drug and/or alcohol screening is positive, I understand I will not be considered for volunteering. I also understand that I have the right to refuse to participate in this testing and that such refusal or failure to cooperate will result in removal from consideration for volunteering by HELP of Southern Nevada.

My initials below verify that I:

_____ will consent to an alcohol and/or drug screening and/or a background check, if requested; or
_____ refuse to consent to an alcohol and/or drug screening and/or a background check

_____ I do give consent for the release of test results and/or background check and all pertinent information to HELP; or
_____ I do not give consent for the release of the test results and/or background check and all pertinent information to HELP

I affirm that I have read and understand the above information. The information I have given is true and complete. I understand that in the event any false information was provided, I may be terminated from my volunteer position with HELP of Southern Nevada. I certify that I have received a copy of HELP of Southern Nevada Volunteer Guidelines.

Signature

Date

OFFICE USE ONLY: Volunteer assignment/department: _____ Program Manager _____
Volunteer notified? Yes No Schedule assigned? Yes No Entered into Database? Yes No

HELP of Southern Nevada Volunteer Guidelines

THANK YOU for agreeing to volunteer with HELP of Southern Nevada! As a volunteer, you will make a difference in the lives of so many people—we are glad to have you with us, and grateful for your service.

The following policies and procedures will be helpful to you while you are volunteering at HELP. Please feel free to ask any Program Manager if you have any questions, concerns or need clarification of these items. ***Welcome to Team HELP!***

1. Volunteer work hours are coordinated and scheduled through the Program Manager in the department where you are working. HELP's office hours are Monday – Thursday, 7:00 am to 5:00 pm. Volunteers may work any time during those hours, but specifically the hours set by the Program Manager. If you should have questions or concerns regarding our volunteer program please feel free to contact our Volunteer Coordinator at 702-369-4357 ext. 247 or email at lhutchison@helpsonv.org. When sending correspondence via email, please be sure to note "VOLUNTEER" in the subject line. This will help us stay organized and respond promptly to you concerns.
2. All information at HELP of Southern Nevada is strictly confidential. Any information received by volunteers regarding HELP clients, staff, or other volunteers, will not be discussed with anyone outside the agency. No information concerning any client, employee, other volunteer, or any information concerning agency activities and operations is to be discussed, publicly or privately, unless approved for dissemination by the President/CEO.
3. All volunteers are required to sign in and out of their work center. The volunteer sign-in book is located in the Receptionist's area on the first floor. Volunteers must sign in on arrival, when leaving for and returning from lunch, and when leaving for the day. These sheets are used to track hours for funding and insurance purposes.
4. If a volunteer is not able to work on a certain day, he/she must call the appropriate Program Manager, as soon as possible, at 369-4357.
5. Volunteers may take 10-minute breaks during their work shifts after working any two-hour period.
6. Any questions regarding work assignments will be directed to the manager/supervisor in charge. Upon completion of assigned tasks/work, volunteers will report to the manager/supervisor in charge for assignment of additional tasks.
7. Food and beverages are not allowed at workstations. Managers may make exceptions for containers that have caps/lids securely in place.
8. HELP of Southern Nevada is a non-smoking workplace. Volunteers must go outside and away from the building at least 50 ft. to smoke. These smoke breaks will be counted as your allowed breaks and are not in addition to those outlined above.
9. A lunch room is available for use by volunteers, and you may bring your lunch and/or snacks. Coffee and water are available in the lunch room. Food and drink located in the refrigerator were placed there by other staff members or volunteers and are not to be removed except by their rightful owner. Refrigerators are cleaned out every Thursday, and perishable items may be thrown away at that time. Volunteers are asked to clean up after themselves, as HELP does not have a cleaning service.
10. Volunteers must dress in accordance with their assigned tasks. HELP prefers that volunteers dress to meet the public, since many volunteers will be working in the areas where we meet clients. Volunteers who will be doing work outside, or work that involves physical labor, may dress appropriately for those activities. Program Managers will provide details. Hats are not allowed indoors.