



# Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position (s) applied for \_\_\_\_\_

Date of Application \_\_\_\_\_

How Did You Learn About Us?

- Advertisement                       Friend                       Walk-In  
 Employment Agency               Relative                       Other: \_\_\_\_\_

Last Name

First Name

Middle Name

Address

Street

City

State

Zip

Telephone Number(s)

Email

If you are less than 18 years of age, can you provide required proof of your eligibility to work?

- Yes                       No

Have you ever filled out an application with SNCIL before?

- Yes                       No

Have you ever been employed by SNCIL before?

- Yes                       No

Are you currently employed/or volunteering?

- Yes                       No

May we contact your present employer/volunteer?

- Yes                       No

Are you prevented from lawfully becoming employed in this

Proof of Citizenship or Immigration Status will be required upon employment.

- Yes                       No

On what date would you be available to work/volunteer?

\_\_\_\_\_

Are you available to volunteer?

- Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?

- Yes                       No

Have you been convicted of a felony within the last seven years?

Conviction will not necessarily disqualify an applicant from employment.

- Yes                       No

If yes, please explain:

\_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT OR PAST VOLUNTEER HISTORY**

Please give accurate, complete full time and part time employment / volunteer record. Start with your most present or recent employers/volunteers.

Company Name (1)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Name of Supervisor  
\_\_\_\_\_  
State Your Title and Describe Your Work  
\_\_\_\_\_

Telephone  
( )  
\_\_\_\_\_  
Employed (State Month & Year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay  
Start \_\_\_\_\_ Last \_\_\_\_\_  
Reason for Leaving  
\_\_\_\_\_

Company Name (2)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Name of Supervisor  
\_\_\_\_\_  
State Your Title and Describe Your Work  
\_\_\_\_\_

Telephone  
( )  
\_\_\_\_\_  
Employed (State Month & Year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay  
Start \_\_\_\_\_ Last \_\_\_\_\_  
Reason for Leaving  
\_\_\_\_\_

Company Name (3)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Name of Supervisor  
\_\_\_\_\_  
State Your Title and Describe Your Work  
\_\_\_\_\_

Telephone  
( )  
\_\_\_\_\_  
Employed (State Month & Year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay  
Start \_\_\_\_\_ Last \_\_\_\_\_  
Reason for Leaving  
\_\_\_\_\_

Company Name (4)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Name of Supervisor  
\_\_\_\_\_  
State Your Title and Describe Your Work  
\_\_\_\_\_

Telephone  
( )  
\_\_\_\_\_  
Employed (State Month & Year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay  
Start \_\_\_\_\_ Last \_\_\_\_\_  
Reason for Leaving  
\_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer number (s): \_\_\_\_\_  
Reason: \_\_\_\_\_



# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Volunteering as may be necessary in arriving at a volunteering decision.

This application for volunteering will be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for volunteering beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Volunteer at any time with or without cause. It is further understood that this "at will" Volunteer relationship may not be changed by any written document or by conduct, unless, such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand SNCIL is a drug free workplace in accordance with the Drug Free Workplace Act of 1988 and the SNCIL Volunteer Policy. Upon volunteering, drug tests are required.

In the event of volunteering, I understand that the false or misleading information given in my application or interview (s) may result in discharge. A positive drug test will result in termination of volunteering. I understand, also, that I am required to abide by all rules and regulations of the Agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONAL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date \_\_\_\_\_

Volunteer:  Yes  No

Date of Volunteer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date

NOTES: \_\_\_\_\_  
\_\_\_\_\_

# SNCIL

## Southern Nevada Center for Independent Living

### VOLUNTEER APPLICATION ADDENDUM

Please respond to the following questions as completely as you can. Please use complete sentences.

1. How did you hear about Southern Nevada Center for Independent Living (SNCIL) and why do you want to volunteer here?
2. Have you had any personal experiences in your life that have increased your awareness and understanding?
3. If you were selected to volunteer at SNCIL, what would you do to increase community awareness of the needs of persons with disabilities?
4. If you were selected to volunteer at SNCIL, what would you do to increase awareness of SNCIL?
5. Why should we select you as a volunteer?