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VOLUNTEER APPLICATION

Our volunteer staff is very important to us and we wish to thank you for the precious time you are planning to donate to help us achieve our goals. Please complete each line of this application. If you are unsure of an answer, please leave it blank and we can discuss it during your interview.

DATE: _____

NAME: _____ AGE (IF UNDER 16): _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME #: (____) _____ CELL #: (____) _____ WORK #: (____) _____

E-MAIL: _____

BEST TIME TO CALL: _____ MAY WE CALL YOU AT WORK? Yes [] No []

PLEASE LIST YOUR AVAILABILITY (provide both days/hours you can volunteer): _____

VOLUNTEER INTERESTS

(Please check the ones you are interested in)

GRANTS/STATISTICS

EVENTS

WELLNESS CLINIC

FOOD BANK SUPPORT

FUNDRAISING COMMITTEE

HOUSE KEEPING

HUMANE EDUCATION

OFFICE SUPPORT

OUTREACH

ROUTE DRIVER

SOCIAL MEDIA/PHOTOGRAPHY

WEBSITE MAINTENANCE

FUTURE NEEDS: ON SITE/OFF SITE MAINTENANCE- Landscaping, minor repairs at client's homes

PAL COALITION: Animal fostering, feral cat colony feeding, events

EMERGENCY NOTIFICATION

(Person to call in case of an emergency)

NAME: _____ YOUR RELATIONSHIP WITH THIS PERSON: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

HOME #: (____) _____ CELL #: (____) _____ WORK #: (____) _____

GETTING TO KNOW YOU
(Please tell us about yourself)

How did you hear about our volunteer program?

Friend: _____ Newspaper School Other _____

Do you have any pets of your own? Yes No

How many? ___ Dogs ___ Cats ___ Birds Other: Explain _____

Why do you wish to volunteer with PALNV?

When are you available to volunteer? AM PM Weekends

Do you have any special hobbies or skills?(e.g.: typing, computer maintenance, social media, photography, art/design etc.)

Do you have any experience in: Teaching/Grade level: _____ Working with seniors

Working with animals? Explain: _____

Have you volunteered for other organizations? Yes No

If yes, what organizations: _____

How do you feel about talking to people? (Most volunteer work at PALNV involves contact with the general public.)

Are you bilingual? If so, what languages do you speak? _____

PALNV is thankful for volunteers like you! If needed, would you be willing to assist us with last minute volunteer needs?

Do you have any physical, medical or psychological limitations or disabilities that might hinder you from participating in any area of our programs? Yes No

If yes, please explain: _____

PLEASE NOTE:

Background checks and drug testing are required prior to assignment to a driving or delivery position and/or working with children.

STATEMENT OF CONFIDENTIALITY:

I understand that by signing my name below, I will maintain strict confidentiality with respect to all information obtained concerning PALNV, as well as the clients and others that they serve. I shall not disclose any information obtained in the course of my volunteer placement to third parties without prior written consent from PALNV. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money and gifts in-kind, salary information, and information pertaining to clients, staff or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, phone numbers, etc. Failure to comply with the confidentiality policy of PALNV may result in disciplinary actions, including dismissal of the volunteer. I understand the above and agree to uphold the confidentiality of these matters both during and following any volunteer service with PALNV.

PHOTO CONSENT POLICY:

As a participant in the PALNV volunteer program, I understand that photos and/or videos may be taken in an effort to promote the organization to the general public. I agree to allow PALNV unrestricted use of photographs taken of me and/or my child (children), if applicable, in the course of participation in activities sponsored by PALNV or a local participating agency of PALNV. PALNV will have total ownership of these materials, and the right to edit and use them for purposes of program promotion, advertising or public relations. I understand that PALNV intends to use such photographs and materials in connection with official PALNV publications and documents.

WAIVER OF LIABILITY:

I understand in my voluntary involvement with PALNV that I am insured with respect to PALNV's General Liability and Excess Liability Policies. This policy provides coverage for Bodily Injury and Property Damage for negligent acts to third parties; however, any work that is performed as a volunteer is at the volunteer's own risk for injury, accident, disease or illness to himself or herself. PALNV, its Board of Trustees, Executives and Employees are held harmless for any acts performed by its volunteers.

I hereby agree to release and discharge PALNV, its officers, and directors, employees, agents, and volunteers from all claims, suits, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities; including any claims based on negligence. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. In addition, I agree that I will comply with all federal, state, and local laws while serving as a volunteer for PALNV.

I have read and understand and agree to the Statement of Confidentiality and the Photo Consent Policy. I have read the release agreement and fully understand that I will relinquish all claims of actions known now or in the future against PALNV.

I am signing this document of my own free will without the influence of PALNV (**volunteers younger than 18 years of age must have a parent or legal guardian sign below**).

Name: (Print) _____ **Phone:** _____

E-Mail: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Date: _____ **Signature:** _____