



1001 N. Bruce Street \* Las Vegas, NV 89101  
Phone: (702) 642-6000 \* Fax (702) 649-6739  
[www.blindcenter.org](http://www.blindcenter.org)

## APPLICATION TO VOLUNTEER

Name (first / middle / last)		Date	
Street Address		City / State / Zip	
Home Phone	Work Phone		Cell Phone
Email	Date of Birth		Social Security Number

### AVAILABILITY

☐ Long-Term      ☐ Short-Term      ☐ Special Project      ☐ Community Service

1. Check the box for the time period (s) in the day (s) you're available
2. Indicate the number of hours per day you would volunteer

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	✓	# hours	✓	# hours	✓	# hours	✓	# hours	✓	# hours	✓	# hours	✓	# hours
Morning														
Afternoon														
Evening														

### EMPLOYMENT

Are you currently employed?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Position/Title
Name of Employer	Employer Phone Number

### EMERGENCY INFORMATION

Name:		Relationship	
Home Phone	Work Phone	Cell Phone	

**SKILLS AND INTERESTS**

Previous Volunteer experience	Where?
	Position?
	How long did you volunteer there?
Hobbies, interests, skills:	
Special training, certification	

**Volunteer Interest**

Why do you want to volunteer at the Blind Center of Nevada?	
How did you hear about our center and our opportunities?	
What position (s) are you interested in?	

**EDUCATION**

Circle highest grade completed:

Grade School	6	7	8		High School	9	10	11	12	or GED
College	1	2	3	4	Beyond					

**REFERENCES**

List two personal references, other than family members (please list full name, address, and phone):

Name	Phone
Street Address	City/State/Zip
Relationship	How long have you known this person?

Name	Phone
Street Address	City/State/Zip
Relationship	How long have you known this person?

Do you have any criminal convictions (other than parking violations and/or juvenile offenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain where, when , and disposition	
<i>(Conviction will not automatically bar you from volunteering. Relevance to assignment will be considered)</i>	

I understand that I am not an employee of The Blind Center of Nevada, and that any duties I perform are as a volunteer. I agree to abide by the procedures set forth by The Blind Center of Nevada for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

Printed Name	Date
Signature	
Parent/Guardian (if under 18 years of age):	

IF ACCEPTED AS A BLIND CENTER OF NEVADA VOLUNTEER  
I AGREE THAT:

1. I shall hold as absolutely confidential, all information that I obtain directly or indirectly concerning members, personnel and Blind Center issues.
2. My services are donated to the Blind Center without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others, and endeavor to make my work professional in quality.
4. I shall make my best effort to fulfill my commitment to the Blind Center of Nevada by completing all assignments that I accept.
5. I shall at all times uphold the code of ethics, philosophy, standards and vision of the Blind Center.
6. I understand that the Program Director and/or President/CEO of the Blind Center of Nevada reserves the right to terminate my volunteer status as a result of (a) failure to comply with
7. Blind Center policies, rules and regulations; (b) absence without prior notification; (c) a work appearance or attitude that is unsatisfactory; or (d) any other circumstance which, in the judgment of the Program Director and/or President/CEO, would make my continued service as a Volunteer, contrary to the best interest of the Blind Center of Nevada.

I have read and understand each of the above conditions and I agree to be bound by them as well as all Blind Center of Nevada policies and procedures.

Printed Name	Date
Signature	
Parent/Guardian (if under 18 years of age):	

DO NOT WRITE BELOW THIS LINE, BLIND CENTER USE ONLY

Interviewer	_____	Orientation	_____
Assignment	_____	Day/time	_____
First Day	_____	Report to	_____
Comments	_____ _____		
Approved by	_____		
Date	_____		

### Notification and Authorization for Background Investigation Disclosure Statement

All applicants, who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children under eighteen years of age, to disabled individuals, or to vulnerable adults, are required to disclose the following information.

1.	Have you ever been convicted of any crime against children or other persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been convicted on crimes relating to financial exploitation where the victim was a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is **YES** to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered.


I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, that I understand the requirements, and I grant permission to The Blind Center of Nevada to make inquiry under the provisions of the law. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Printed Name	Date
Signature	
Parent/Guardian (if under 18 years of age):	