



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

Blind Center of Nevada Volunteer Application

PLEASE PRINT CLEARLY

Date _____

Name _____
Last First MI

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

What is the best time to reach you? _____

Social Security Number _____ Birth date _____

Are you employed? _____ If yes, type of work/position _____

Name of Employer _____ Employer Phone _____

List any special training, skill, hobbies, or interests _____

List any previous volunteer experience _____

Educational Background _____

Which volunteer position(s) are you interested in? _____

Days you are available to volunteer	Times you are available
<input type="checkbox"/> Monday	<input type="checkbox"/> Mornings
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Evenings
<input type="checkbox"/> Thursday	<input type="checkbox"/> Special Events
<input type="checkbox"/> Friday	
<input type="checkbox"/> Weekend	

How did you hear about us? _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Have you ever been convicted of a felony? If yes, describe _____

Please list two local references

Name _____ Phone _____

Name _____ Phone _____

IF ACCEPTED AS A BLIND CENTER OF NEVADA VOLUNTEER,
I AGREE

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.

Volunteer Signature

Date

DO NOT WRITE BELOW THIS LINE, BLIND CENTER USE ONLY

Interviewer _____ Orientation _____

Assignment _____ Day/time _____

First Day _____ Report to _____

Approved by _____

Date _____