CITY OF LAS VEGAS

VOLUNTEER APPLICATION

HUMAN RESOURCES DEPARTMENT

525 S. Main St. Las Vegas, NV 89101 (702) 229-6315

PLEASE READ AND FILL OUT ALL SECTIONS IN BLUE OR BLACK INK

APPLICANT SECTION

NAME (FIRST)	(MIDDLE)	(LAST)
OTHER NAMES USED (MAIDEN NAME, ALIAS, AKA, ETC.)		
ADDRESS (STREET, P.O. BOX, APARTMENT NUMBER, ETC)		
ADDRESS (CITY)	STATE/COUNTRY	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
PRIMARY PHONE NUMBER	EMAIL ADDRESS	
EMERGENCY CONTACT NAME		
RELATIONSHIP	PHONE NUMBER	

ARE YOU CURRENTLY EMPLOYED? (CHECK)	☐ YES	☐ NO
If "YES", please provide employer name and occupation	NAME	
	OCCUPATION	
HAVE YOU PREVIOUSLY VOLUNTEERED OR WORKED FOR THE CITY?	☐ YES ☐ NO	☐ Volunteer ☐ Worked
If "YES", provide the date range of the volunteer and/or employment assignment	FROM	TO
DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY?	☐ YES	☐ NO
If "YES", provide name and relationship	NAME	RELATIONSHIP

SUPERVISOR SECTION - VOLUNTEER ASSIGNMENT INFORMATION

LOCATION	SCHEDULE (EX: NUMBER OF DAYS PER WEEK)
DESCRIBE WORK / ACTIVITIES TO BE PERFORMED (EX: YOUTH BASKETBALL COACH)	
ANTICIPATED START DATE	ANTICIPATED END DATE

THE VOLUNTEER WILL HAVE DIRECT CONTACT WITH (CHECK ALL THAT APPLY)

CHILDREN ☐	ELDERLY ☐	HANDLING CASH AND/OR OTHER FUNDS ☐

THE VOLUNTEER WILL NEED (CHECK ONE)

ID BADGE WITH NO ACCESS ☐	BADGE WITH ACCESS ☐	NO BADGE NEEDED ☐

SUPERVISOR CONTACT INFORMATION

NAME	DIVISION	CONTACT NUMBER

COMMENTS