



CITY OF LAS VEGAS

OFFICE USE ONLY	
FP	
DRUG	
INITIALS	

VOLUNTEER INTAKE FORM

HUMAN RESOURCES DEPARTMENT
495 S. MAIN STREET, LAS VEGAS, NV 89101, (702) 229-6315

PLEASE READ ALL INSTRUCTIONS CAREFULLY
TYPE OR PRINT ALL ANSWERS IN BLUE OR BLACK

VOLUNTEER POSITION
LOCATION

PERSONAL INFORMATION

NAME (LAST) (FIRST) (MIDDLE)

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

HOME PHONE NUMBER ( )

ALTERNATE PHONE NUMBER ( )

E-MAIL ADDRESS

Are you currently employed? YES NO

If "YES", please provide name, address and telephone number. NAME ADDRESS CITY, STATE PHONE

Have you previously volunteered or worked for the City of Las Vegas? YES NO If "YES", provide dates of voluntary assignment and/or employment. FROM: TO:

Do you have any relatives employed by the City of Las Vegas? YES NO If "YES", provide name and relationship. NAME: RELATIONSHIP:

Do you have any disability, injury or illness that would prevent you from performing the duties associated with this voluntary assignment? YES NO

**CONVICTION INFORMATION**

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR, GROSS MISDEMEANOR OR FELONY?**

YES  NO

**If "YES", please provide detailed information for EACH conviction below.  
(USE SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)**

DATE	LOCATION (CITY, STATE)	NATURE OF OFFENSE (EX: TYPE OF CHARGE)	DISPOSITION (PAID FINE, TIME SERVED, ETC.)

**Include any conditions of your parole and/or probation, if applicable. DUI, reduction of DUI, reckless and careless driving convictions MUST be included. A criminal conviction does not necessarily preclude individuals from becoming a volunteer. Each case is considered on its individual merits.**

**OMISSION OF REQUESTED INFORMATION IS BASIS FOR REJECTION.**

**This section can only be amended if a conviction occurs after the initial completion. In that event a conviction occurs after completion of this form, it is your responsibility to provide any conviction updates to Human Resources during your volunteer time with the City of Las Vegas.**

**Any misrepresentation or material omission of fact may be considered grounds for DISQUALIFICATION and/or DISMISSAL from voluntary assignment.**

**SIGNATURE**

**BY SIGNING:**

- I certify that the statements made by me on this form are true, complete and correct.
- I hereby authorize the release of all personal, background investigation, character check, criminal/police records, work history and/or financial information you have concerning me, including those of a confidential or privileged nature. This release shall be in effect for the initial placement decisions and, if placed, at any time during volunteer assignment.
- I hereby release the City of Las Vegas, its officers, employees, and agents; as well as any organization, its agents and employees, and others from any and all liability or damage that may result from furnishing the information requested.
- I further understand that if I am accepted as a volunteer for the City of Las Vegas, I am not permitted to drive a private or City vehicle on behalf of the City of Las Vegas in connection with my voluntary assignment.
- I understand that all voluntary assignments are subject to the successful completion of a background check and drug screening and Child Abuse and Neglect System inquiry (CANS Check).

\_\_\_\_\_  
Parent Signature (if applicant is a minor)

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this form. The number will be used by the City of Las Vegas to help verify your identity and information contained on the form.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**