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CITY OF LAS VEGAS

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

VOLUNTEER APPROVAL FORM AND INSTRUCTIONS

- 1. As soon as the Volunteer Application Form has been completed, it needs to be sent electronically with the Supervisor/Center Coordinator approval.
- 2. The following information must be completed by the department/division staff to whom the volunteer will be assigned:

VOLUNTEER INFORMATION		
VOLUNTEER NAME		
LOCATION OF VOLUNTEER ASSIGNMENT (EX: Veteran's Memorial LSC.)		
DESCRIBE WORK/ACTIVITIES TO BE PERFORMED (EX: Youth Basketball Coach)		
VOLUNTEER FREQUENCY (EX: Number of days per week)		
ASSIGNMENT START DATE		
ASSIGNMENT END DATE		
WILL THE VOLUNTEER HAVE DIRECT CONTACT WITH CHILDREN?		☐ YES ☐ NO
WILL THE VOLUNTEER HAVE DIRECT CONTACT WITH THE ELDERLY?		☐ YES ☐ NO
WILL THE VOLUNTEER HAVE ACCESS TO OR HANDLE CASH AND/OR OTHER FUNDS?		☐ YES ☐ NO
WILL THE VOLUNTEER BE ISSUED KEYS AND/OR ID BADGE?		☐ YES ☐ NO
STAFF MEMBER INFORMATION TO WHO	OM VOLUNTEER WILL BE AS	SIGNED
NAME		
DIVISION		
CONTACT NUMBER		
Supervisor Approval: Forward this form and with your approval to PAR (NewEPRs@Las		s an attachment) electronicall
Human Resources will follow up with departr	ment staff regarding approval st	atus.
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TO BE COMPLETED BY HUMAN RESOU	RCES	
DATE APPLICATION RECEIVED		
DATE DRUG TEST COMPLETED		
DATE FINGERPRINT COMPLETED		
SIGNATURE		