

Nye County Volunteer Application

An Equal Opportunity Employer



Human Resources
PO Box 3400
101 Radar Road
Tonopah, NV 89049
(775) 482-7242

Human Resources
2100 E. Walt Williams
Suite 110
Pahrump, NV 89048
(775) 751-6301

Nye County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, creed, sex, national origin, marital status, age, disability, veteran status, or status in any other group protected by the federal or state law.

Please Print Clearly

First Name:	Middle Initial:	Last Name:	Today's Date:
Mailing & Physical Address if different:			E-mail address:
City, State, Zip:			Home Telephone: () -
Volunteer Position Desired:		Department:	Cell Phone: () -

If accepted by Nye County, can you provide proof that you are at least 16 years of age? Yes No

What date would you be available for volunteer work with Nye County: _____

Name and relationship to any relative currently or formerly in our establishment: _____

Have you ever Volunteered for Nye County in the past? Yes No

If yes, dates volunteered: _____ What department did you volunteer for? _____

Have you ever been convicted of a criminal offense? Yes No

Please note that a conviction will not necessarily disqualify you from volunteering with Nye County.

If Yes, please explain, provide date(s) and type of charges: _____

Do you have a valid NV driver's license? Yes No License Number: _____ Expiration date: _____

Education:		* Copies may be required		
	Name	City & State	*Degree Earned	Major Course of Study
High School				
College				
Graduate, Trade or Business School				

Describe the volunteer work you are interested in doing: _____

List any special skills you possess and/or equipment or office machines your operate: _____

Do you currently have a State EMS license? If Yes # _____ Expiration date: _____
Do you currently have a NREMT license? If Yes # _____ Expiration date: _____

Days Available (Circle) Mon Tues Wed Thur Fri Sat Sun Page 1 of 4

History of Volunteer Activities and Work Experience: Please list your volunteer and work experience for the past ten (10) years beginning with your most recent position held. Attach additional sheets if necessary.

May we contact ALL organizations listed? () Yes () No *Attach a list of any exceptions with an explanation*

1.	Organization		Dates		Description of duties
			From	To	
	Complete Address(Street/ PO, State, City, Zip)		<small>Month / Year</small>	<small>Month / Year</small>	
	Telephone Number(s)		Hourly Rate/Salary if applicable		
	Job Title	Supervisor's Name & #	Starting	Final	
Reason for leaving:					
2.	Organization		Dates		Description of duties
			From	To	
	Complete Address(Street/ PO, State, City, Zip)		<small>Month / Year</small>	<small>Month / Year</small>	
	Telephone Number(s)		Hourly Rate/Salary if applicable		
	Job Title	Supervisor's Name & #	Starting	Final	
Reason for leaving:					
3.	Organization		Dates		Description of duties
			From	To	
	Complete Address(Street/ PO, State, City, Zip)		<small>Month / Year</small>	<small>Month / Year</small>	
	Telephone Number(s)		Hourly Rate/Salary if applicable		
	Job Title	Supervisor's Name & #	Starting	Final	
Reason for leaving:					

Date: _____

Signature: _____

Please state below any other information that would be helpful in determining your qualifications for the volunteer activities. You may include significant accomplishments, previous career highlights, or any other information that is not included in this volunteer application.

ACKNOWLEDGEMENTS

Please read ALL of the following statements and **INITIAL** each line to indicate you have read and understood each of the statements. If you have any questions, contact Nye County Human Resources (775) 482-7240.

_____ This is not an application for a paid position. Application for paid positions must be made on a separate application form.

_____ All offers of paid employment, if any, and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ I authorize Nye County to contact any organization or individual that I have listed on my volunteer application and/or resume or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics of traits, or other qualifications for volunteering with Nye County.

_____ In exchange for Nye County's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to Nye County upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including Nye County, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from Nye County. I recognize that I will not receive nor do I expect compensation for the services I am offering, other than possible nominal fees, paid expenses, or reasonable benefits which may be provided to me at the sole discretion of Nye County for performing the offered services. It is not my purpose nor my expectation that my services are in preparation for employment with Nye County.

_____ **Pre-Volunteer Criminal Record Check Request:** Due to the nature of the position for which you are being considered, a criminal records check may be required. Convictions can be used to disqualify you for this position.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

Date: _____

Signature: _____

**Nye County Human Resources / Risk Management
Substance Abuse Policy Release Form**

Nye County Personnel Policy Manual

- The applicant will be advised that the presence of one or more drugs may be cause for rejection from further consideration and that appointment to a position is contingent upon a negative drug test result.
- The applicant will be asked to authorize the County to conduct the drug screen through the County's designated laboratory testing facility as a requirement of employment.
- Refusal to authorize and participate in a drug screen shall eliminate the applicant from further consideration for the position.
- Applicants shall be directed to appear at an appropriate collection facility. The drug test must be undertaken as soon after notification as possible, and no later than 48 hours after notice to the applicant.
- Applicants shall be advised of the opportunity to submit medical documentation that may support a legitimate use for a specific drug and that such information will be reviewed only by medical consultants to determine whether the individual is lawfully using an otherwise illegal drug.
- The County will decline to extend a final offer to any applicant with a confirmed positive test result, and such applicant may not reapply to the County for a period of twelve months. The County shall inform such applicant that a confirmed presence of an illegal drug in the applicant's urine precludes the County from utilizing the applicant.

I have been informed that, as a condition of any offer of any volunteer position or as a condition of my continued volunteer work, I must submit to urine, hair and/or blood drug-screening test and I accept this condition. I agree that a drug testing facility of **NYE COUNTY'S** choice is authorized by me to provide the results of said test(s) to **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**. I agree to indemnify and hold the drug testing facility harmless from and against any and all liabilities or judgments arising out any claim related to (i) the employer's submission and handling of the test(s) samples, (ii) compliance by employer with federal and state law, or (iii) the employer's interpretation, use (including volunteer decision) and confidentiality to the test results; except where the drug testing facility is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, **NYE COUNTY** may not accept me and as a volunteer and I may be dismissed by **NYE COUNTY HUMAN RESOURCES/RISK MANAGEMENT**.

DATE

APPLICANT / VOLUNTEER

NYE COUNTY VOLUNTEER FORM

HR USE ONLY Volunteer ID#: <hr style="width: 80%; margin: 0 auto;"/>
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SECTION I *(To be completed by Volunteer)*

New Volunteer Information

Name: _____

Last
First
M.I.
Social Security Number

Mailing Address _____ Street and Number _____ City/State _____ Zip _____ Telephone # _____ Yes/No
Confidential

Gender M F **Date of Birth:** _____ **Marital Status:** Single Married / Spouse's Name: _____
(If under 18 years of age, copy of Birth Certificate required)

Email Address: _____

Licenses: Driver's License #: _____ Commercial Drivers License #: _____

<i>In case of emergency, notify:</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Telephone #</td> <td style="width: 30%; border-bottom: 1px solid black;">Relationship</td> </tr> </table>	Name	Telephone #	Relationship
Name	Telephone #	Relationship		

Education

- 0-19 No post secondary education degree.
Use number that corresponds to the total number of years of education without obtaining a post-secondary degree (i.e., 12 = graduation from high school, 13 = 1 year of college, etc.)
- 20 Associates Degree
- 30 Bachelors Degree
- 40 Masters Degree
- 50 Law Degree
- 60 Doctorate
- 70 Medical Degree

Education _____

Ethnicity Code

- A Asian/Pacific Islander
- B Black (not of Hispanic Origin)
- H Hispanic
- I American Indian
- W White (not of Hispanic Origin)
- U Unknown

Ethnicity _____

Veteran Status

- 0 Non-Veteran
- 1 Special Disabled Veteran
- 2 Vietnam Era Veteran
- 3 Other Veterans

Veteran Status _____

Volunteer Signature _____ **Date** _____

SECTION II *(To be completed by Department Head/Elected Official)*

Department _____ Location _____ Start Date _____

Volunteering For _____ Fund/Department Account Number _____ Position#/Auth.# (HR Use) _____

Department Head/Elected Official Signature _____ **Date** _____