|  |  |
| --- | --- |
| Volunteer Application | C:\Users\User1\AppData\Local\Microsoft\Windows\INetCache\Content.Word\NAH Logo.jpg |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Employer/School Name |  |
| Site Choice (Please circle) |  Las Vegas Reno |

## Availability

### During which hours/times are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |
| \_\_\_ Weekly schedule | \_\_\_ More than once per week |
| \_\_\_ Monthly schedule | \_\_\_ Occasional |

## Interests

### Tell us in which areas you are interested in volunteering. Please let us know of at least one area of interest.

|  |
| --- |
| Administrative/Computer |
| Special Events at Noah’s |
| Sorting and storing donations for the pets |
| Fundraising |
| Direct Pet Care |
| Awareness Events in the community |
| \_\_\_ Other (example please) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, ST, & ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |
| Parent Name (if under 18 years old) |  |
| Parent Signature  |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Community Service Volunteers for Court are not eligible.

Community Service Volunteers for school and service clubs are eligible. Please notify us of need for documented proof of service.

### Thank you for completing this application form and for your interest in volunteering with us.

Please submit this form to info@noahsnv.org.