

TONOPAH LIBRARY DISTRICT

167 Central Street
Tonopah, Nevada 89049
(775) 482-3374



VOLUNTEER APPLICATION

The Town of Tonopah is an Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Telephone(s) Home () _____ Work: () _____ Cell: () _____

Are you 16 years of age or older? Yes No Are you 18 years of age or older? Yes No

Volunteer Position Applied for: _____ Department: _____

| | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|
| Days Available (Circle) | M | T | W | T | F | S | S |
| Hours Available | | | | | | | |

Are you currently employed by employer in any capacity? Yes No

If yes, what department? _____ Job title _____

Have you been given a description or had the requirements of the volunteer work explained to you? Yes No

Do you understand the requirements? Yes No

Can you perform the requirements with or without accommodation? Yes No

List any other names, if any, you have used. _____

LICENSES (Optional, unless required for the volunteer work for which you are now applying.)

List driver's license and other current licenses, certifications, or registrations required for the volunteer work for which you are applying. Indicate types, state license numbers, and expiration dates. _____

List any special skills you possess and/or equipment or office machines you can operate.

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No

| School Name | Location | Hours Earned | Diploma, Degree or Certificate | Major Field of Study |
|--|----------|--------------|--------------------------------|----------------------|
| Business/Technical/Vocational 1. | | | | |
| 2. | | | | |
| College/University (Undergraduate) 1. | | | | |
| 2. | | | | |
| Graduate School | | | | |

OTHER INFORMATION

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?..... Yes No

Do you have any pending court charges that have not been adjudicated?.....
 Yes No

If you have answered yes to either question, list all such offenses and provide date, name of court, and disposition below (if any). You may omit minor traffic violations for which you paid a fine of \$50 or less. Omission of information may be considered cause for disqualification from the volunteer pre-screening process or result in discharge from volunteer services.

Have you ever been disciplined in your employment related to workplace violence? Yes No
 If yes, please explain: _____

Do you presently use illegal drugs? Yes No

HISTORY OF VOLUNTEER ACTIVITIES AND PAID EMPLOYMENT

Provide information regarding paid and volunteer work (include military employment if duties/assignments relate to the job you are applying for). Describe your most recent experience first; then list other relevant positions in chronological order, working down from the most recent. Use additional sheets if necessary.

May we contact all employers listed? Yes No (Attach a list of any exceptions with an explanation.)

Employer: _____ Position: _____
Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
City, State, Zip: _____ Hours per week _____ Paid or Volunteer
Supervisor's Name/Title: _____ Telephone: _____
Paid or Volunteer Assignments:

Employer: _____ Position: _____
Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
City, State, Zip: _____ Hours per week _____ Paid or Volunteer
Supervisor's Name/Title: _____ Telephone: _____
Paid or Volunteer Assignments:

Employer: _____ Position: _____
Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
City, State, Zip: _____ Hours per week _____ Paid or Volunteer
Supervisor's Name/Title: _____ Telephone: _____
Paid or Volunteer Assignments:

Employer: _____ Position: _____
Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____
City, State, Zip: _____ Hours per week _____ Paid or Volunteer
Supervisor's Name/Title: _____ Telephone: _____
Paid or Volunteer Assignments:

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.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements.

- This is not an application for a paid position. Application for paid positions must be made on a separate application form.
- I authorize **employer** to contact any employer or individual to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for volunteering with **employer**. In addition, I authorize [**Employer**] to conduct a background search which includes criminal history, military history, and if the position for which I am applying requires driving a vehicle, I authorize [**Employer**] to conduct a Department of Motor Vehicles (DMV) search. I further authorize [**Employer**] to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for volunteer employment.
- In exchange for **employer's** consideration of my volunteer application, I authorize anyone possessing this information to furnish it to **employer** upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including **employer**, 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 **employer**. 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 **employer** for performing the offered services. It is not my purpose nor my expectation that my services are in preparation for employment with **employer**.

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.

Signature of Applicant: _____ Date: _____

NYE COUNTY VOLUNTEER FORM

HR USE ONLY
Volunteer ID#:

SECTION I *(To be completed by Volunteer)*

New Volunteer Information

Name: _____
Last
First
M.I.
Social Security Number

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

In case of emergency, notify:

| | | |
|------|-------------|--------------|
| Name | Telephone # | Relationship |
|------|-------------|--------------|

| Education | Ethnicity Code | Veteran Status |
|---|--|---|
| 0-19 No post secondary education degree. <i>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.)</i> 20 Associates Degree 30 Bachelors Degree 40 Masters Degree 50 Law Degree 60 Doctorate 70 Medical Degree Education _____ | A Asian/Pacific Islander B Black (not of Hispanic Origin) H Hispanic I American Indian W White (not of Hispanic Origin) U Unknown Ethnicity _____ | 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 | Yes No Driving a County Vehicle | Yes No Drug Screen Performed |
| Start Date | Supervisor | Fund/Department Account Number | Position#/Auth.# <small>(HR Use)</small> |

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



Town of Tonopah

Volunteer Agreement, Consents and Releases and Conditions

Whereas, it is deemed that the services of volunteers are both necessary and in the best interest of the Town of Tonopah, (hereinafter "Employer"). Now therefore, the parties mutually agree as follows:

- 1. Employer Assent.** The Employer accepts the services of the volunteer until such services are terminated with or without cause or notice at the discretion of either party.
- 2. Volunteer Assent, Certification, and Authorization.** As an Employer volunteer, I, _____, (hereinafter "Volunteer") agree to:
 - ♦ Observe the policies and procedures of the Employer and Employer departments.
 - ♦ Participate in training as required.
 - ♦ Notify my immediate Supervisor of Town Administration when I am unable to keep my volunteer commitment.
 - ♦ Perform the duties as outlined by the volunteer coordinator or supervisor.
 - ♦ Dress in attire suitable to the assigned task.
 - ♦ Keep all information confidential, in whatever form, produced, prepared, observed, or received to the extent that such information is confidential by law.

Volunteer hereby certifies that all statements made in his/her volunteer application are true. Volunteer authorizes the Employer to investigate all matters contained in Volunteer's application. Volunteer authorizes the Employer to receive any criminal history information that may be contained in the files of any national, state, or local agency.

Please initial to indicate you have read the above _____

- 3. Informed Consent and Release:** Volunteer offers his/her services to the Employer. Volunteer understands that s/he is working at all times on a voluntary basis without compensation or benefits and not as a paid employee. Volunteer understands that the Employer and/or Volunteer can cancel this agreement at any time, for any reason, with or without notice. Volunteer understands that s/he shall be covered by workers' compensation in accordance with NRS 616A.130 while engaged in the performance of those services set forth in the "Description of Volunteer Duties" statement. Volunteer has read and understands this release. Volunteer knowingly and voluntarily signs below, and no promise, inducement, or agreement has been made to induce Volunteer to sign this agreement.

Please initial to indicate you have read the above _____

4. **Conditions:** Volunteer fully understands, acknowledges, and agrees to the following conditions: The Employer reserves the right to make the final decision on placement of volunteers. Standard background checks, in accordance with Employer policy, will be conducted on applicants. Any false statements or misrepresentations in Volunteer's application will be cause for refusal of placement or immediate dismissal at any time during the period of placement. Volunteer understands that the volunteer program does not qualify Volunteer for paid employment with the Employer. Volunteer further understands that pursuant to NRS 239.010, information or documents received from a volunteer may be open to public inspection and copying. Volunteer understands that the Employer will have the duty to disclose unless a particular record is made confidential by law or common law balancing of interests.

Please initial to indicate you have read the above _____

Description of Volunteer Duties: _____

Volunteer Name (Please Print)

Volunteer Signature

Town of Tonopah
 Post Office Box 151
 Tonopah, Nevada 89049



Volunteer Timesheet

Name: _____

Pay Period: _____ through _____

| Day | Date | Time In | Time Out | Total Hours | Notes |
|------------------|------|---------|----------|-------------|-------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Total Hrs | | | | 0.00 | |

By signing this timesheet, I attest the information reported is true and accurate.

 Volunteer Signature

 Date

 HR Signature

 Date