



## VOLUNTEER APPLICATION

(Please Print)

**Name:** \_\_\_\_\_ **Phone (home):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**What program are you interested in volunteering for?** \_\_\_\_\_

**What role are you willing to take on?** e.g. Coach, Team Parent, etc. \_\_\_\_\_

**What age group do you prefer to work with?**

- Elementry (K-5th)    
  Middle School (6th - 8th)    
  High School (9th - 12th)

**Do you hold any special certifications?** Check all that apply

- CPR   
  First Aid   
  Lifeguard   
  Other: \_\_\_\_\_

**Please fill in the days and times you are available to volunteer.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times						

**Total number of hours each week you are available to volunteer:** \_\_\_\_\_

**Estimated Length of Commitment** (e.g. 3 months, 6 months, seasonal) \_\_\_\_\_

**List any special skills, areas of knowledge and/or experience** (including non-English languages)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any previous volunteer experiences** (you can attach a separate sheet of paper)

	Organization	Year(s) Volunteered	Title	Duties
1				
2				
3				
4				
5				
6				

Continued

**Please provide two personal references (excludes relatives).**

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Nature of relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Nature of relationship: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Are you volunteering as part of a corporate/community organization?**  Yes  No

If yes please give the name of the program/organization (ex. TANF, school requirement, court ordered)

**Are your hours required to be documented and signed off on?**  Yes  No

YOU are responsible for bringing your sheet with you when you come in. Hours will not be kept by staff.

By signing this document I am aware that Mineral County Park and Recreation may contact the above mentioned references. Mineral County Park and Recreation cannot guarantee any number specific number of volunteer hours will be available, either per week or per program. While the spirit of volunteering is giving one's free time of their own accord, please know that it can also be a commitment. If you are unable to commit to a team or group regularly, Mineral County Park and Recreation has the right to find a replacement for you.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO:  
Mineral County Park and Recreation  
589 C Street  
P.O. Box 1775  
Hawthorne, NV 89415  
cboyles@mineralcountynv.org