



Better Health Through Education
Area Health Education Center of Southern Nevada

VOLUNTEER APPLICATION

1. Name: _____ Date: ____/____/____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Home phone: (____)____ - _____ Work phone: (____)____ - _____
4. Position for which you are applying _____
5. Date Available to start: ____/____/____
6. Are you legally eligible to work in the United States? ____ Yes ____ No
7. Are you at least 18 years old? ____ Yes ____ No If no, birth date: ____/____/____
8. Are you related to anyone employed at AHEC or on the Board of Trustees of AHEC? ____ Yes ____ No
If yes, name of person, relationship _____

9. HIGHEST LEVEL OF EDUCATION OR MOST RELEVANT TO VOLUNTEER POSITION

Type of School	Name and Address of School	Diploma/ Degree Received/Grade Level	Major/Course of Study
	Name: _____		
	City: _____ State: _____		

10. List any additional or special education, training, skills or machines operated: _____

11. Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation? ____ Yes ____ No If yes, When? _____ For what? _____
Note: A conviction record will not necessarily bar individuals from a volunteer position. You are not required to reveal records that have been judicially expunged, sealed or eradicated.

12. Are you currently employed? ____ No ____ Part-time ____ Full-time Where: _____
Occupation: _____

13. How many days and hours could you work as a volunteer? _____

14. Would you like to be put on our call list? ____ Yes ____ No

15. Would you like to receive our quarterly AHEC Newsletter? ____ Yes ____ No

(Continued)

16. How did you hear about us? _____

17. Why do you want to volunteer with Area Health Education Center of Southern Nevada?

18. What is important to you in a volunteer experience?

19. Where have you volunteered before?

20. From the list of opportunities on the website, what are you most interested in volunteering for?

21. Do you speak, read or write any other languages?

22. What Clubs and/or Community Organizations are you affiliated with?

23. Professional or Volunteer References: Please list two adults who have known you for at least one year in a professional capacity.

Name: _____ Phone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know them? _____

May we contact them? Yes _____ No _____

Name: _____ Phone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know them? _____

May we contact them? Yes _____ No _____

Any additional comments or things you would like us to know about you:

An Equal Opportunity Employer*

*We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or disabilities or any other legally protected status.

READ CAREFULLY BEFORE SIGNING

I hereby certify, to the best of my knowledge, that the answers given are true and complete. I also understand that an omission or falsification may disqualify me from consideration for a volunteer position. I agree to conform to the rules and regulations of the company. I also understand that my volunteer position is conditional upon successful completion of credential verification, a substance abuse screening test, and a state and federal background check (if necessary).

Acknowledgement: _____ **Date:** ____/____/____

Applicant's Signature

Please fax completed applications and Authorization for Release of Information to (702) 318-8462



Authorization For Release of Information Form

First Name: _____

Middle Initial: _____

Last Name: _____

Social Security Number: _____-____-_____

I certify that the information contained in my volunteer application is true and understand that any falsification will result in the rejection of my application or termination of my volunteer assignment. I also understand that the requested information is for the sole purpose of conducting a background investigation which may include a check of my identity, work history, education history, credit history, driving records, and any criminal history which may be in the files of any state or local criminal agency. Information regarding age, sex, or race will not be used as part of any volunteer assignment decision. A telephone facsimile of this authorization shall be valid as the original.

I hereby authorize this company, its corporate affiliates, its employees, its authorized agents, and representatives to verify any and all information contained in this form and in my application and to inquire into my character, general reputation, personal characteristics, and mode of living. I hereby release this company, its affiliates, its employees, its authorized agents, and representatives and all others involved in this background investigation from any liability in connection with any information they give or gather and any decisions made concerning my employment based on such information. I understand that any offer I may receive is contingent upon the completion of the background investigation.

Please sign and date

Applicant Signature: _____ Date: _____

Printed Name: _____