



Teen Volunteer Application

Attention: Volunteerism, MS 40

Bring to: 3701 Alta Drive
Mail to: 1001 South Valley View Blvd
 Las Vegas, NV 89107

Phone: 702-822-8456
Fax: 702-822-8761

Name Home Phone () -
Address Business Phone () -
City State Zip Code
E-mail Address Birthday / /

Are you presently employed? Yes No Student

Please List Past Volunteer Experience:

Organizations	Position/Duties	Date (mo/year - mo/year)
		/ - /
		/ - /
		/ - /

What skills, special qualifications, or training do you have that would benefit The Springs Preserve?

What does customer service mean to you and why is it important?

What days are you available?

<u>Day</u>	<u>Hours</u>	<u>Day</u>	<u>Hours</u>
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Educational Background:

High School	Address	Phone	Grade
		() -	
		() -	
		() -	

Employment History:

Employer/Organization	Position/Title	Date (mo/year - mo/year)
		/ - /
		/ - /
		/ - /



I am interested in (please check all that apply)

- Phone Volunteer
- Visitor Center Staff
- Interpretive Guide/Docent/Tour Guide
- Youth Program Support
- Gardening Support
- Other

- Community Relations Support
- Event Support
- Clerical/Administrative
- Library

In Case Of Emergency:

Name

Telephone # () -

Relationship

Referred by

The information in this application is true and complete and I have not knowingly withheld any information. I understand that misrepresentation may be cause for dismissal. I authorize verification of all information contained in this application. I understand that if I become a volunteer at the Springs Preserve, I will be expected to uphold the mission and provide excellent service with customers, co-workers, and volunteers.

As a volunteer, I agree to follow all guidelines and policies. I shall hold all information that I obtain directly or indirectly as confidential. My services are donated to the Springs Preserve without contemplation of compensation or future employment. I understand that the Volunteer Services Department reserves the right to terminate any volunteer at any time.

I authorize without reservation, any party or agency contacted, to release information to verify all statements made as part of this application and release all parties involved from liability and responsibility for doing so. I understand that I may be required to pass a drug screening and background check (including fingerprinting).

Signature: _____

Date: / /

Teen Volunteers must have parental/guardian approval prior to volunteering. If accepted, the parent/guardian agrees to cooperate with the Springs Preserve by complying with all rules and regulations including transportation, appearance and attendance. All volunteer work will be done on the premises. Any field trips will require additional approval. I will permit the Springs Preserve to give emergency medical attention in the event that I cannot be reached.

Parent/Guardian Name

Signature: _____

Date: / /



PARENTAL PERMISSION

I hereby give my permission to the Springs Preserve to seek emergency medical treatment for my child, in case of accident, injury, or illness. It is understood that every effort will be made to contact me, or the person listed below, before taking this action.

We understand the risks present in volunteer duties and freely assume those risks and agree to release the Springs Preserve, Las Vegas Water District, its officers, agents, and employees from and against all claims for injury, loss, or danger to the undersigned as a result of such volunteer duties.

Parent or Guardian

Signature _____ Date / /

Telephone Number (home) () -

Telephone Number (work) () -

