



NEVADA URBAN INDIANS, INC.

1475 Terminal Way Suite B
Reno, NV 89502-3225
(775) 788-7600 Phone
(775) 788-7611 Fax

232 E. Winnie Lane
Carson City, NV 89706-2251
(775) 883-4439 Phone
(775) 883-6981 Fax

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Have you ever been convicted of a crime: _____ Yes _____ No If yes, please explain:

EMPLOYMENT INFORMATION:

Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____

EDUCATION:

High School: _____ College: _____

Licenses/Certifications: _____

Volunteer Opportunities:

Please check area(s) of interest:

_____Administration _____Community Health _____Mental Health
_____Alcohol & Substance Abuse _____Victims of Crime _____Elders Support
_____Special Events _____Personal Area of Expertise: _____

Specific days and times you are available: _____

How did you learn about Nevada Urban Indians? _____

VOLUNTEER WORK:

Please list your previous volunteer work: _____

Please list your special talents or skills that would help this organization:

REFERENCES:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Date: _____

VOLUNTEER CODE

As a volunteer I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. Like them, I assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential. I interpret "voluntary" to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to standards as the paid staff expects to do their work. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.

CONFIDENTIALITY

Volunteers for Nevada Urban Indians (NUI) VOCA/JOM program(s) will be privileged to very sensitive material. Due to the sensitive nature of the material, it is imperative that a volunteer abides by strict rules of confidentiality to protect the client's privacy. It is expected that you will not discuss the case outside of NUI. The volunteer will discuss the case with those employees at NUI that need to know in order to coordinate more effective treatment or supervision. Please sign and date.

Volunteer Signature

Date

Personnel Signature

Date

Executive Director Signature

Date

WAIVER OF LIABILITY
&
ASSUMPTION OF RISKS

I _____ as a volunteer release Nevada Urban Indians, Inc. and any political subdivision therein; their agents or employees from any and all liabilities whether such liabilities arise because of my participation in this program(s). I am fully aware of the risks involved in my participation and in contact with clients and their surrounding areas and any of the varied problems that may be confronted. I assume all possible risks of harm or injury or danger to myself, and I knowingly and willingly waive and relinquish Nevada Urban Indians, Inc., and its employees, and any such sponsoring parties from any and all liabilities, whether personal injury or property damage, and whether rounded in tort, contract or any other legal theory. I am not an employee of Nevada Urban Indians, Inc. and said party cannot prevent me from incurring any injury or any damage to my person or property. I will participate in this program and I do volunteer my time knowing the risks that may be involved.

Volunteer Signature

Date

Personnel Signature

Date

Executive Director Signature

Date

NEVADA URBAN INDIANS, INC

PROGRAM

VOLUNTEER ORIENTATION CHECK LIST

I herein acknowledge my right and responsibilities as a volunteer of Nevada Urban Indians, Inc. including the following:

_____ I have read and understand the waiver of liability and assumption or risks.

_____ I have read and understand the confidentiality. The nature of the information obtained in my job as a volunteer of NUI, Inc. and the consequences of immediate release from the volunteer program.

_____ I have read and understand the volunteer code of ethics which will guide me in my duties to perform as required. I also understand my responsibility as a mandatory reporter of child abuse/neglect, domestic violence while children are present, elder abuse/neglect, homicide or suicide intent under Nevada Revised Statutes.

_____ I understand NUI Inc., "Drug Free Workplace Policy" and agree to abide by all aspects of that policy while a volunteer at NUI, Inc. I understand that any alcohol or drug abuse on my part will result in my release from the volunteer program.

_____ I understand and I agree to work within the confines of the Nevada Urban Indians, Inc., personnel policies and procedures, and I know of my right to grievance and due process under these policies.

Volunteer Signature

Date

Personnel Signature

Date

Executive Director Signature

Date