



Volunteer Application

Date: _____

Contact Information

Name:

Address:

City:

State:

Zip code:

Phone Number:

Alt. Phone Number

Email Address:

Availability: Please mark any times that you are available to volunteer.

Monday

Specific days/times:

Tuesday

Specific days/times:

Wednesday

Specific days/times:

Thursday

Specific days/times:

Friday

Specific days/times:

Additional Availability

Specific days/times:

Please use the space provided below to tell us a little about why you are interested in volunteering for Northern Nevada HOPES

Personal Background Check

Northern Nevada HOPES provides services to at-risk individuals. In order to build a safe environment for our consumers, HOPES is very cautious regarding placing volunteers in direct contact with HOPES consumers and their families. In order to protect these vulnerable populations a back ground check and on-site drug test is sometimes required to volunteer at HOPES.

Do you agree to submit submit to a background check if asked? Yes No

Are you now, or have you ever been a client of Northern Nevada HOPES? Yes No

Due to funding limitations it is not possible for Northern Nevada HOPES to pay for background checks for all volunteers. Are you able to pay the \$42 fee for your background check? Yes No
If yes, and a background check is needed please make checks payable to Northern Nevada HOPES

Have you ever been convicted of a criminal offense other than a traffic ticket (criminal convictions do not necessarily exclude you from volunteering for Northern Nevada HOPES, all answers will be kept confidential). Please answer honestly and include date(s) and offense(s).

HOPES would like to utilize your skills in areas that you are interested in volunteering, the left column contains areas available for volunteering, and the right column contains examples of some possible tasks of those areas. Please mark your top 3 areas of interest on the left column with preference level with a 1 being most interest and 3 being less interested in,	
Administration & Marketing	Data entry, filing, copying, scanning, thank you letters, phone calls/marketing, marketing at/for events, newsletter production
HOPES Resource Center	Front desk and reception, customer service, Resource Center Aid, preparation and general maintenance
Change Point	Outreach, outreach preparation, outreach events, Syringe Services Program front desk/harm reduction counseling
SAPTA Presentations	HIV/HCV advocacy speaking, HIV/HCV 101 presentations
Harm Reduction Testing and Counseling	Harm reduction counseling, HIV/HCV rapid testing, TB Skin Test Screenings
Grounds and Maintenance	General grounds maintenance and cleaning
Client Advisory Board (CAB)	Provides valuable insight for the agency from our consumers.

	Yes	No
Do you legally drive?		
Do you have access to a reliable vehicle?		
Are you Bilingual? What Language: _____		
Do you have any physical limitations (walking, standing, aversion to blood)? List limitations below:		

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Emergency Contact Information

Name:

Address:

City:

State:

Zip code:

Phone Number:

Alt. Phone Number

Northern Nevada HOPES is dedicated to building a healthier community by providing coordinated care and support for individual and family wellness. Our community health center combines primary care, medical specialties, behavioral health and prevention with a team of experienced professionals who are committed to high-quality care.

Northern Nevada HOPES is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration because of race, color, religion, sex, age, gender, national origin, sexual orientation, genetic information, veteran status, disability, pregnancy or other characteristics protected under state or federal law. Any applicant/volunteer will be immediately rejected and terminated without notice for giving false information in this application or for failing to accurately provide information requested. If on-boarded as a volunteer, it is for no fixed term and the company can terminate this arrangement at any time.

Affirmation

By submitting this application I, _____, affirm that the facts set forth in it are true and complete.

Name	Date		
Signature			