



## VOLUNTEER APPLICATION

<b>Personal Data</b>						
Mr. Mrs. Ms. Miss _____ (Circle one)      Last Name      First Name      MI      Date						
Address _____		City _____		State _____		Zip _____
Home Phone _____		Cell Phone _____		Email Address _____		
If currently employed, name of firm _____				Phone _____		
Current Position _____						<b>Are you at least 18 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about NVCI?						
Have you had previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Previous volunteer experience:						
<b>Availability</b>						
We ask that you make a 6-month commitment to volunteer. Many volunteer assignments are available during standard hours of operation (Monday through Friday – 8am to 5pm) with shifts lasting approximately four hours, depending on the volunteer position and need. Special events occurrences vary. Please indicate the hours and days you will be available to volunteer.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.
<b>Volunteer Opportunities</b>						
Please indicate with a check mark which you would be willing to share as a volunteer						
Administrative Support Positions	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Clinical Area Administrative Support <input type="checkbox"/> Volunteer Services Staff Support					
Direct Patient Support Positions (as may be applicable to NVCI)	<input type="checkbox"/> Massage Therapist <input type="checkbox"/> Yoga Instructor <input type="checkbox"/> Meditation Instructor					
Education and Outreach Positions	<input type="checkbox"/> Community Education Volunteer <input type="checkbox"/> Health Fair/Community Event Volunteer					
Hospitality Positions	<input type="checkbox"/> Concierge/Information Desk Host <input type="checkbox"/> Coffee/Snack Cart <input type="checkbox"/> Sunflower Café Host <input type="checkbox"/> Information and Resource Center Host <input type="checkbox"/> <i>Illuminations</i> Appearance Center and Gift Shop Host					
Special Events	<input type="checkbox"/> I am interested in volunteering with the <b>Special Events</b> team					
Personal Skills (to use or teach)	<input type="checkbox"/> Knitting /Crocheting <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Musical Instrument (specify) _____ <input type="checkbox"/> Sign Language <input type="checkbox"/> Foreign Language (specify) _____ <input type="checkbox"/> Other _____					

Why are you interested in volunteering at the Nevada Cancer Institute?

**References**

Reference Name/Phone Number	Organization (professional reference)	Description of your involvement/or relationship to reference	Date of service (professional reference)

**Emergency Contact Information**

Limitations Related to Health:

Contact in Case of Emergency:	Relationship:
Home Phone:	Cell/Work Phone:
Name of your family physician:	Phone:

**Thank you for your interest in volunteer opportunities with the Nevada Cancer Institute. Please carefully read the following so you will know what to expect during the screening process.**

You will be requested to sign a consent form authorizing governmental agencies to provide NVC I with certain other information regarding your possible criminal history, as provided in Nevada Revised Statute 178A. This information will only be obtained and used in accordance with applicable state, federal and local laws.

The NVC I is a drug free work place. If you are selected as a volunteer, you may be required to take a hair, blood and/or urine test to determine the presence of drug metabolites in your body. The initial tests may be given prior to or soon after you are appointed. You may also be required to take such tests at any time during your tenure. Failure to pass or refusal to submit to a background investigation or a drug test may result in the withdrawal of an acceptance to volunteer or termination once service has started.

**APPLICATION RELEASE AND AUTHORIZATION  
READ CAREFULLY BEFORE SIGNING**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the Organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate release from volunteer service even if discovered at a later date.

I authorize representatives of the Nevada Cancer Institute to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

**I hereby acknowledge I have read and understand the information set forth above.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

<p><b>For Official Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved If not, why: _____</p> <p>Orientation date: _____ <input type="checkbox"/> No Show Placement (dept): _____ Date: _____ Time: _____</p> <p>Background Check Completed? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____</p>
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## VOLUNTARY QUESTIONNAIRE

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Last) (First) (Middle)

**Social Security Number:** \_\_\_\_\_

**Position(s) applying for:** \_\_\_\_\_

**How did you learn of this opening? Please check one of the following:**

- NCVI website
- Friend or relative currently employed at NCVI
- Called or walk-in inquiring about available positions
- Advertisement. Please specify: \_\_\_\_\_
- School or university. Please specify: \_\_\_\_\_
- Community or government agency. Please specify: \_\_\_\_\_
- Other: \_\_\_\_\_

Volunteer applicants are considered for volunteer service with the Nevada Cancer Institute without regard to race, color, religion, sex, national origin, age, non-disqualifying disability or status as a disabled or Vietnam era veteran. The Nevada Cancer Institute has and is committed to continuing Equal Employment Opportunity designed to employ and advance qualified people with disabilities, disabled and Vietnam era veterans, people of color, people of all religions and both sexes.

In order to ensure that our volunteer recruitment efforts are reaching all areas of the community and comply with government record keeping and reporting requirements, we ask you to help us by completing this form. We appreciate your cooperation if you choose to do so. However, submission of this information is strictly voluntary, and you are not required to complete this section of the application. If you decide not to provide this information, you will not be subject to any adverse treatment, and your application will be given the same consideration as all other applications. When applications are first processed, this page is removed immediately and kept in a confidential file separate from the rest of the application.

Gender:  Male  Female

Are you a Vietnam Era Veteran?  Yes  No

Please indicate the ethnic group with which you most closely identify:		
<input type="checkbox"/>	<b>I</b>	American Indian or Alaskan Native. <i>(All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)</i>
<input type="checkbox"/>	<b>B</b>	Black. (Not of Hispanic origin: All persons having origins in any of the Black racial groups).
<input type="checkbox"/>	<b>A</b>	Asian/pacific Islander. <i>(All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)</i>
<input type="checkbox"/>	<b>H</b>	Hispanic. <i>(All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)</i>
<input type="checkbox"/>	<b>W</b>	White. <i>(Not of Hispanic origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)</i>

**PRIVACY STATEMENT**

As an NVCi volunteer you may be considered as part of the workforce under HIPAA Federal regulations. You may also have access to patient health information. To ensure that health information is used and disclosed in compliance with the HIPAA medical privacy regulation and the NVCi Privacy Policies and Procedures, you are required to read and sign this document. This statement, along with the NVCi Privacy Policies and Procedures, describe your duties and obligations with regard to health information. Full compliance with this privacy statement and our privacy policies and procedures are a condition of volunteering and a copy of your signed statement will be kept on file.

**A. Restriction on the Use and Disclosure of Health Information**

As a general matter, an individual’s health information may not be used or disclosed without proper permission from the individual. The use of and disclosure of health information is subject to the restrictions in the HIPAA privacy regulations and our privacy policies and procedures. The use or disclosure of health information is limited. Please refer to the NVCi Privacy Polices and Procedures or ask the Compliance Officer for further guidance.

**B. Penalties and Fines**

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or discloses health information. In addition to penalties and fines, any improper use or disclosure of health information may subject you to disciplinary action up to including termination of volunteer service.

**C. Disclosers**

List professional, trade, business, civic, charitable and other activities or organizations and offices held. (You may exclude memberships which could reveal sex, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**D. Certification of understanding and compliance**

I hereby certify that I have carefully read and understand this privacy statement and the NVCi Privacy Policies and Procedures and agree to abide by their provisions. All of my questions, if any, about these documents have been answered and copies have been made available to me. I agree to abide by all of the requirements and provisions set forth in this statement and the NVCi Privacy Policies and Procedures.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Services Department

\_\_\_\_\_  
Date