



OPPORTUNITY VILLAGE VOLUNTEER APPLICATION

Please mail or fax completed application to: Opportunity Village
Attention: Volunteer Coordinator
8076 W. Sahara Ave. Ste. A, Las Vegas, Nevada 89117
Fax: 702-259-1044

MISSION STATEMENT

Opportunity Village ARC is a community based, not-for-profit agency that serves individuals with developmental disabilities to improve the quality of their lives and the lives of their families.

Print Full Name: _____

First Name
Middle Name
Last Name

Date of Birth: ____/____/____ Male / Female (Circle One)

Social Security Number: _____ - _____ - _____

E-Mail Address: _____ Fax: _____

Home Phone: _____ Work: _____ Cell: _____
Can you be called at work? Yes / No (Circle one)

Home Address: _____

Street
City, State
Zip Code

Employer/School Name: _____ Occupation: _____

Languages in addition to English _____ Speak _____ Read _____ Write _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

(COMPLETE THIS SECTION IF UNDER AGE 18 YEARS OLD)

Parent or Guardian Name: _____

Address: _____

Street
City, State
Zip Code

Home Phone: _____ Work Phone: _____

Employer Name: _____ Occupation: _____

Signature of Parent or Guardian: _____ Date: _____

Please list the days and hours you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Have you ever been convicted of a felony or a misdemeanor (exclude convictions that have been sealed, expunged, or statutorily eradicated)? Yes / No (Circle One)

If yes, please explain giving dates, locations, offense and outcome: _____

Answering yes to the question above will not necessarily preclude you from participation as a volunteer.

Are you now or have you ever been involved with Opportunity Village? Yes / No (Circle One)

If yes, what is/was your position? _____

Do you have experience in working with individuals with developmental disabilities? Yes / No (Circle One)

If yes, please specify: _____

Please list any present/previous volunteer affiliations:

Agency/organization: _____ Contact: _____ Phone: _____

Agency/organization: _____ Contact: _____ Phone: _____

Please list two Non-Family references:

Name: _____ Relationship: _____

Complete Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Complete Address: _____

Home Phone: _____ Work Phone: _____

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Volunteer Opportunities

I would like to volunteer in the following areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pride/Enable* | <input type="checkbox"/> Magical Forest | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Work Center* | <input type="checkbox"/> Special Events | <input type="checkbox"/> Bulk Mailings |
| <input type="checkbox"/> Arts & Enrichment | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medical* – RN – LPN – EMT – MD
(Circle type License) |
| <input type="checkbox"/> Dances | <input type="checkbox"/> Thrift Store | |

* These programs run Monday through Friday 7am to 3:30pm.

If you checked Arts & Enrichment, please check what you would be interested in:

- Music Scrap Booking Drawing/Coloring Painting Day Trips
 Craft Projects Dance Other: _____

Do you have any special skills, license or training?

- Red Cross Other Medical Clerical Photography Carpentry Computer
 Media/Graphics Landscaping Decorating Other: _____

How did you hear about Opportunity Village? _____

What are some of your hobbies and interests? _____

Why would you like to volunteer at Opportunity Village? _____

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Internship/Community Service

School Name: _____ Instructor: _____

School Address: _____
Street City, State Zip Code

Phone Number: _____

What is the purpose of your internship/community service? _____

How many hours do you have to complete? _____

Date this must be completed by: _____

Please list above the days and hours you are available to do your internship/community service

Please read the following provisions before signing this application

I understand and agree that:

The information I have provided may be verified and I hereby give permission to Opportunity Village to make inquiry of the other concerning my suitability to act as an Opportunity Village volunteer. I understand this verification and inquiry may include my motor vehicle operation history (DMV), criminal background check(s) or an alcohol and/or drug screening. Further, I hereby release all parties and persons from any and all Liability for any damages, and voluntarily waive any and all rights, claims charges, complaints, or cause of action I have or may have against Opportunity Village, including its directors, officers, employees and representatives, and any consumer reporting agency Opportunity Village may engage, as a result of Opportunity Village's and/or its representative's actions in seeking, using, and/or disclosing information gained from a Consumer Report or Investigative Consumer Report about me, or any other background check or report about me, including information gained from the state or federal Sexual Offender Identification Line/Registry or any other source;

I authorize and consent to Opportunity Village and/or Employer Lynx, Inc. to perform a through background investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand this criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from volunteering;

In the course of volunteering for Opportunity Village I may be dealing with confidential information and I agree to keep said information in the strictest of confidence;

The relationship between Opportunity Village and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Opportunity Village;

I hereby grant Opportunity Village permission to use my likeness, voice and words in or on television, radio, film and Opportunity Villages website(s), or in any other form, format or media to promote the activities of our fundraising for Opportunity Village;

I am responsible for informing Opportunity Village of ANY changes regarding information contained in this application, and I am responsible for the following and abiding by the Volunteer Code of Conduct as outlined in the attached handout;

I have no objections to submitting to drug and/or alcohol screening at the expense of the Opportunity Village. If the drug and/or alcohol screening is positive, I understand that I will not be considered for volunteering. I also understand that I have the right to refuse to participate in this testing and that such refusal or failure to cooperate will result in removal from consideration for volunteering by Opportunity Village;

My initials below verify that I:

_____ will consent to an alcohol and/or drug screening and/or a background check if requested

_____ refuse to consent to an alcohol and/or drug screening and/or a background check

_____ I do give consent for the release of the test results and/or background check and all pertinent information to Opportunity Village

_____ I do not give consent for the release of the test results and/or background check and all pertinent information to Opportunity Village

I affirm that I have read and understand the above information. The information I have given is true and complete. I understand that in the event any false information was provided, I may be terminated from my volunteer position with Opportunity Village.

Signature

Date