

Briefly describe your area(s) of interest, work history, and any past volunteer involvement or activity:

Will you be claiming mileage reimbursement? Yes No

Please note that mileage reimbursement is limited to a maximum of \$15.00 per month and contingent on the availability of funds. Mileage checks are issued on a quarterly basis.

Emergency Contact Information

Contact: _____ **Relationship:** _____

Address: _____
Street _____ **Apt. #** _____ **City** _____ **Zip** _____ **State** _____

Phone: _____

Accident and Liability Insurance Registration

Driver License Number: _____ **Expiration Date:** _____

Auto Insurance Carrier & Policy Number: _____

Name of 1st Beneficiary: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name of 2nd Beneficiary: _____ **Relationship:** _____

RSVP Tutors (Only complete this section if you will be tutoring students in the Clark County School District or Nye County School District)

RSVP Tutors will be required to be fingerprinted and pass a background check before they will be placed in the school.

Complete Release and Authorization for background check

Please submit a color copy of your Nevada Driver License or State Identification Card. Front and back of the card.

Please submit a color copy of your Social Security Card. Front and back of the card.

STATEMENT OF CONFIDENTIALITY

In accepting the offer of volunteering with Catholic Charities of Southern Nevada, Volunteers immediately assume responsibility for maintaining Agency and Client confidentiality.

“I will respect the privacy of the people we serve and hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. I will not disclose an individual’s confidences to anyone except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where I am a defendant in a civil, criminal, or disciplinary action arising from the contact; 4) if there is a waiver previously obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.”

“I shall be responsible to store or dispose of professional records in ways that maintain confidentiality.”

“I shall possess a professional attitude which upholds confidentiality towards the people we serve, colleagues, applicants and any sensitive situation within the Agency.”

“I, upon my termination, shall maintain client and co-worker confidentiality and shall hold confidential any information about sensitive situations within the Agency.”

“I, upon my termination, shall not contact any former client of the Agency.”

“I understand that violation of this confidentiality statement may result in: 1) immediate dismissal and/or 2) federal or state legal proceedings.”

I have read and understand the above statement.

Volunteer signature: _____ Date: _____

To Be Completed by RSvp

ASSIGNED TO: _____ DATE OF ASSIGNMENT: _____

Host Name: _____

Host Code: _____

Host Name: _____

Host Code: _____

Client Name: _____

Orientation Completed on: _____ By: _____

Required Background Check Completed on: _____ Results: _____

Entered into RSVP Database on: _____ By: _____