

PERSHING COUNTY
VOLUNTEER REGISTRATION

PRINT NAME _____

MAILING ADDRESS _____

Street City/State/Zip
PHONE NUMBER (Cell) _____ (Home) _____

EMAIL _____

BIRTHDATE _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PHONE NUMBER _____

I volunteer my services through the Pershing County Volunteer Program and understand that I am NOT an employee of Pershing County nor the station where I am assigned as a volunteer.

Signature of Volunteer Date

Industrial Insurance/Workmen's Compensation: Volunteers who are not specifically covered by any other provisions of NRS 616A to 616D, are covered by Pershing County's Workmen's Compensation Insurance while engaged in such volunteer work. Any wage compensation is based on a wage of \$100 per month. This insurance does not cover lost wages beyond this amount. _____ *(Initial as Read)*.

Signature of Volunteer Program Coordinator Date

Pershing County Volunteer Program
Loveland NV 89419 1459

VOLUNTEER MONTHLY REPORT

On the first day you work, sign your report.

Volunteer's Name _____

Volunteer Station _____

Circle appropriate month Year _____

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Write number of hours worked under each date worked

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

TOTAL # of HOURS SERVED: _____

VOLUNTEER SIGNATURE: _____

VOLUNTEER STATION SUPERVISOR: _____

PERSHING COUNTY COORDINATOR: _____