



THE SHADE TREE

Sheltering Women, Children & Their Pets

1 West Owens Avenue
(702) 385-0072
www.theshadetree.org

Date _____ Interviewed by _____

Name _____

Address _____ City _____ Zip _____

Age _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Occupation _____ Employer _____

Work Phone _____ May we contact you at work? Yes No

Email _____

Are you a student? Yes / No If so, what school do you attend? _____

Are you fulfilling a Community Service obligation? Yes / No

School Credit or Court Mandated? _____

Please give more information: _____

If court mandated, please provide a copy of all paperwork.

How long have you lived in Las Vegas? _____

Is there a particular type of volunteer position that interests you?

- | | |
|---|--|
| <input type="checkbox"/> Shelter Operations | <input type="checkbox"/> Lunch Helper |
| <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Information Booths at Fairs |
| <input type="checkbox"/> Sorting Donations | <input type="checkbox"/> Job Development |
| <input type="checkbox"/> Animal / Pet Foster Care | |
| <input type="checkbox"/> Fundraising Projects / Helping with Special Events (on-site or off-site) | |

HOURS AVAILABLE:

	From:	To:
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____

Emergency Contact _____ Phone: _____
Relationship _____

REFERENCES

ADDRESS

PHONE

Have you previously been involved with The Shade Tree in any capacity? Yes / No
If so, what was your involvement? _____

Are there any special talents/skills you would be willing to share with our residents?

Have you ever been arrested? Yes / No
If Yes, when, where, and for what? _____

I certify that the statements on this application are true and correct to the best of my knowledge, I understand that any misrepresentation or omission of facts on this application may be considered as constituting grounds for denial to The Shade Tree Volunteer Program. I further understand that any offer to work with The Shade Tree is subject to completion of a background investigation and training. I do hereby give my consent that any person, firm, or organization listed hereon is authorized to furnish to The Shade Tree personal or reference material concerning my character, present employment, or any other information requested.

I further certify that I have been informed of the job circumstances of a volunteer at The Shade Tree. I understand that I may be exposed to possible risks and harm, and I agree to assume all risks and harm while volunteering at The Shade Tree.

Parental consent/ signature is required for a minor.

Signature

Date

Mailing Address:

The Shade Tree
Attn: Volunteer Coordinator
P.O. Box 669
Las Vegas, NV 89125
Phone: (702) 385-0072 ext. 105
Fax: (702) 385-2337
www.theshadetree.org

Please return this application along
with the signed Confidentiality
Agreement.

We truly appreciate your interest and
support.