

**STATE OF NEVADA
RISK MANAGEMENT DIVISION**

Volunteer, Inmate, Intern and Board Member Job Description

Budget # _____ **Division** _____

Contact Person _____ **Telephone** _____

Activity in the following categories will occur or is anticipated in current Calendar year.

_____ **Volunteers – Description of work performed:**

_____ **Inmates – Description of work performed:**

_____ **Interns – Description of work performed:**

_____ **Board Members/Commissioners NOT set up in Central Payroll System**

_____ **Other – Please Describe:**

Return completed form to: Crystal Cruson at Risk Management

201 South Roop Street, Suite 201 Carson City NV 89701

Name of agency representative completing this form: _____

Date: _____