



State of Nevada

**VOLUNTEER/BOARD MEMBER APPLICATION**

1. Name or sponsoring organization\_\_\_\_\_
2. Mailing Address\_\_\_\_\_Phone \_\_\_\_\_
3. What is the average number of volunteers that will be active in this program each month?\_\_\_\_\_
4. What is the purpose of this program? (What kind of services are provided?)
5. Describe the work and activities that will be performed.
6. Where will this work be performed?\_\_\_\_\_
7. When will this work begin? \_\_\_\_\_ End?\_\_\_\_\_
8. Name the individual(s) who is authorized to sign Employer’s Report of Injury (C-3 form) when volunteers are involved.

A. \_\_\_\_\_  
Name and title

B. \_\_\_\_\_  
Name and title

\_\_\_\_\_  
Street Phone

\_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

9. The employer is required to maintain as part of its official records a roster of active volunteers. Name the individual responsible and the location of the roster.

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Name	Title	Phone
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Location of Roster (Address)

10. List the individuals who can be contacted by AIG for information regarding volunteers.

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Name and title	Phone	Address
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Signature	(Print) Name	Title	Date
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