



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.

| Name | Title | Phone |
|------|-------|-------|
|------|-------|-------|

Location of Roster (Address)

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

| Name and title | Phone | Address |
|----------------|-------|---------|
|----------------|-------|---------|

| Signature | (Print) Name | Title | Date |
|-----------|--------------|-------|------|
|-----------|--------------|-------|------|