

**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: Jennifer Schober at Risk Management**

**201 South Roop Street, Suite 201 Carson City NV 89701**

Name of agency representative completing this form: \_\_\_\_\_

Date: \_\_\_\_\_