



PYRAMID LAKE JR./SR. HIGH SCHOOL

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FOR HUMAN RESOURCES USE ONLY:

VOLUNTEER APPLICATION

Welcome and thank you for your interest in volunteering with the Pyramid Lake Jr./Sr. High School (PLHS). In an effort to keep our children safe, we ask that you thoroughly complete this volunteer application form.

Volunteer Position: _____ Date: _____

Name: _____
(Last Name, First Name, Middle Initial – ENTER EXACTLY AS SHOWN ON PHOTO IDENTIFICATION)

Phone: _____ Email: _____

Mailing Address: _____
(Street/ PO Box, City, State, Zip Code)

Date of Birth: ____/____/____ Last four digits of Social Security Number: _____

I am a (check all that apply): ☐ Parent/Guardian of a Student ☐ Other Family Member/Caretaker
☐ Community Volunteer ☐ Employee

If you are a parent/guardian or caretaker, please list student and teacher name(s):

If you are volunteering as part of a community organization/business member, list the name(s) of the business/organization:

If you ARE NOT a parent/guardian or caretaker, please provide two (2) NON-RELATIVE REFERENCES:

1. _____
(Name, Relationship, Phone Number) Initial: Reference Checked

2. _____
(Name, Relationship, Phone Number) Initial: Reference Checked

In Case of Emergency contact: _____
(Name, Relationship, Phone Number)

This position requires that you be vaccinated against COVID-19. Are you vaccinated? YES ☐ or NO ☐

NOTE: Any applicant found to be a registered sex offender, on an active warrants list, on a terrorist list, or on probation or parole WILL NOT BE ALLOWED TO VOLUNTEER at PLHS. Fingerprinting will be completed by the Background Investigator. PLHS reserves the right to disallow any individual from serving as a volunteer.

Criminal information MUST be disclosed no matter how long it has been since the offense/arrest.

A criminal offense, other than a minor traffic violation? This includes, but not limited to, a felony gross misdemeanor, misdemeanor, DUI, etc.: YES ☐ or NO ☐

A drug or sexual related offense or act of violence? YES ☐ or NO ☐

Been reported for child abuse/sexual activities involving a student or minor or had charges filed against you by a school district, state/county agency, police (including tribal police), court (including tribal court)? YES ☐ or NO ☐

If yes to any of the above, please explain the type(s) of offense(s), location(s)

VOLUNTEER COMMITMENT AND PROCEDURES

For the safety of students, all prospective volunteers will be asked to complete a Volunteer Application and provide a photo I.D. (international ID's are accepted). All prospective volunteers will be given a "Background Check". Additionally, PLHS, in its discretion and without a statement of reason, may require a complete criminal history check on any volunteer at any time. In programs where a volunteer is an Overnight Chaperone, may work alone for extended periods of time with a student or by request from the program director, fingerprinting and a full state and federal background check are required. **All fingerprinting must be authorized.**

Confidentiality: What you hear and observe about students, families, and staff while volunteering is confidential. Repeating a seemingly harmless comment can lead to misunderstandings and hurt feelings. For us to provide the best environment for our children, everyone's privacy must be respected.

Volunteers perform under the discretion and supervision of PLHS employees. Volunteers should know and follow applicable policies and rules. PLHS, in its discretion and without a statement of reasons, may suspend any volunteer from further volunteer activities pending any background check.

I affirm that I have read and understand all the information on this Volunteer Application and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that the Background Investigator reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize The Background Investigator to obtain information relating to my current and/or previous employment, education, and personal history records.

VOLUNTEER SIGNATURE

PRINTED NAME

DATE

****OFFICIAL USE ONLY****

Picture ID Check: _____

Drug Test Completed: _____

Background Submitted: _____

COVID-19 Verification: _____

I have reviewed the disclosed information and ACCEPT: _____ DO NOT ACCEPT: _____ this applicant as a volunteer on our campus.

HUMAN RESOURCES SIGNATURE

DATE