**RESERVE / VOLUNTEER ENROLLMENT FORM**

Date:

Last Name First Name Middle Initial Address

|  |  |  |
| --- | --- | --- |
| City | State | Zip Code |
| ( )  Home Phone | (  Work Phone | ) |

( ) ( )

Cell Phone Pager

Email Address:

|  |  |  |  |
| --- | --- | --- | --- |
| Are you bi-lingual?  If yes, what language: |  | Yes | No |
| Speak  Do you have a disability? |  | Read  Yes | Write  No |

If yes, list special accommodations needed:

**RELEVANT EXPERIENCE**

Qualified Positions:

?mn]\

If willing to be an LNO, what areas of NV are you willing to be deployed? (county, city, region, etc)

What shifts are you willing to work?

Are you willing to work outside?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so, any limitations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMERGENCY INFORMATION

In case of emergency, person to contact should be:

Name Relationship

Address City

State Zip Code Phone

# STATISTICAL INFORMATION (OPTIONAL)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age Group: | 13-18 | 19-39 | 40-69 | 70 + |
| Sex: | Female | Male |  |  |

Ethnic Group: African-American Hispanic Native-American

Caucasian Asian Other

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

Volunteer Signature Date

*If under 18 years of age must have Parent or Guardian consent:*

Parent/Guardian signature of consent Date