



**Nye County**  
**Emergency Management**  
1510 Siri Lane, Ste. 1  
Pahrump, NV 89060  
Phone (775) 751-4279  
Fax (775) 751-4280

## **VOLUNTEER PACKET CHECK OFF LIST:**

1. VOLUNTEER APPLICATION (4 pages)  
page 1. Application. p2. Volunteer & Work history.  
p3. Acknowledgements. p4. Substance Abuse Policy Release Form.
2. VOLUNTEER FORM
3. W-4
4. PAYROLL AUTOMATIC DEPOSIT FORM
5. COPY OF DRIVER'S LICENSE.
6. COPY OF SOCIAL SECURITY CARD
7. VACCINATION AUTHORIZATION FORM FILLED OUT:  
(*This authorization form HAS to be signed by the Director of Emergency Management in order for the volunteer to use it to get his/her Hepatitis Vaccinations*)  
OR
8. PROOF OF HEP A/ B VACCINATION  
OR VACCINATION DECLINATION FORM
9. COPY OF FEMA CERTIFICATES  
100  
200  
700  
800
10. COPY OF CURRENT LICENSES AND CERTIFICATES (SUCH AS:)  
\*Ambulance Attendant License – **\*\*\*mandatory for Ambulance**  
\*Current First Responder/EMT Certification-**\*\*\*mandatory for Ambulance**  
\*CPR cards  
\*Teaching certificates  
\*Firefighter certificates  
\*Hazmat certificates
11. Computer use/social media- agreements

# Nye County Volunteer Application

An Equal Opportunity Employer

**Submit application to:**

Nye County Human Resources  
 PO Box 3400 (mailing)  
 101 Radar Road (physical)  
 Tonopah, NV 89049  
 or  
 2100 E. Walt Williams #110  
 Pahrump, NV 89048



**HR Use only:**

**If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.**

Volunteer Position Desired:	Department:
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**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone(s)**    **Home** (    )                      **Cell** (    )                      **Work** (    )

- Are you 16 years of age or older?..... Yes  No
- Are you 18 years of age or older?..... Yes  No
- Are you currently employed by **Nye County**? ..... Yes  No
- Have you been given a description or had the requirements of the volunteer work explained to you?.....  Yes  No
- Do you understand the job requirements? ..... Yes  No
- Can you perform the requirements with or without reasonable accommodation?..... Yes  No
- List other names, if any, you have used. \_\_\_\_\_

**EDUCATION RECORD**

**\*Copies may be required**

Did you graduate from high school or receive a GED certificate?  Yes  No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				
Graduate School				

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**Days Available (Circle)**    Mon        Tues        Wed        Thurs        Fri        Sat        Sun

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**History of Volunteer Activities and Work Experience:**

Provide information regarding paid and volunteer work (include military employment if duties/assignments relate to the volunteer position you are applying for). Describe your most recent experience first; then list other relevant positions in chronological order, working down from the most recent. Use additional sheets if necessary.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.)  Yes  No

Present Employer \_\_\_\_\_ Present Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Paid  Volunteer  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Hours per week \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Paid  Volunteer  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Hours per week \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Paid  Volunteer  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Hours per week \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Paid  Volunteer  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Hours per week \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City \_\_\_\_\_  Paid  Volunteer  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Hours per week \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Related Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please state below any other information that would be helpful in determining your qualifications for the volunteer activities. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application. Use additional sheets if necessary.

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

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**ACKNOWLEDGMENTS**

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Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Nye County Human Resources.

- \_\_\_\_\_ This is not an application for a paid position. Application for paid positions must be made on a separate application form.
- \_\_\_\_\_ I authorize **NYE COUNTY** to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with **NYE COUNTY**. In addition, I authorize **NYE COUNTY** to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize **NYE COUNTY** to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize **NYE COUNTY** to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.
- \_\_\_\_\_ In exchange for **NYE COUNTY'S** consideration of my volunteer application, I authorize anyone possessing information to furnish it to **NYE COUNTY** upon request, and I release the organizations and all individuals providing the information or acquiring the information, including **NYE COUNTY**, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.
- \_\_\_\_\_ I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from **NYE COUNTY**. I recognize that I will not receive nor do I expect compensation for the services I am offering, other than possible nominal fees, paid expenses, or reasonable benefits which may be provided to me at the sole discretion of **NYE COUNTY** for preparation for employment with **NYE COUNTY**.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_



# Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

I understand the due to my occupational exposure that I may be at risk for acquiring Hepatitis A virus infection. I have been given the opportunity to be vaccinated with the Hepatitis A vaccine, at no charge to myself. However, I decline Hepatitis A vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis A, a serious disease. If in the future I continue to have occupational exposure and I want to be vaccinated with Hepatitis A vaccine, I can receive the vaccination series at no charge to me.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Dear Provider,

As part of the Nye County Exposure Control Plan the person named below is eligible to receive Tetanus vaccination(s).

Nye County will pay all associated cost of immunizations as listed.

Employee/Volunteer Name: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature

Send Invoice to:  
Please include a copy of this form.

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



Dear Provider,

As part of the Nye County Exposure Control Plan the person named below has/is participating in our Hepatitis A/ B immunization program. Please obtain a sample and conduct a pre/post (circle one) titer test. Nye County will pay all associated cost of immunizations as listed.

Employee/Volunteer Name: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature

Send Invoice to :

Please include a copy of this form as well as a copy of these results.

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

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

**NYE COUNTY TREASURER'S OFFICE  
PO BOX 473, Tonopah, NV 89049  
(775) 482-8147 / Fax (775) 482-8193**

Nye County Payroll

Employee Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Department: \_\_\_\_\_ Position: \_\_\_\_\_

Please tell us how you would like your checks to be delivered by filling in the appropriate sections below.

\_\_\_ Please fleet my check to \_\_\_\_\_ department in \_\_\_\_\_ (city).

\_\_\_ Please mail my check to my home address.

\_\_\_ Please email my direct deposit paystub to email address: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

*I hereby authorize Nye County Treasurer's Office to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depositor financial institution named below.*

- I am a new direct deposit customer  
 I am making a change to my existing direct deposit:  
     Adding additional account    Dropping account    Change deposit amount  
 Please cancel my direct deposit entirely, effective: \_\_\_\_\_

**Account #1:**

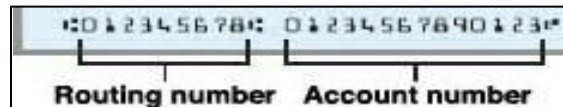
- Checking    Savings

Bank name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone #: \_\_\_\_\_

Branch address: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Per Pay Day: \$ \_\_\_\_\_



**Account #2:**

- Checking    Savings

Bank name: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone #: \_\_\_\_\_

Branch address: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Per Pay Day: \$ \_\_\_\_\_

*Please attach a voided check or copy of check to this form. This form will not be processed unless all information is complete.*

*This authority is to remain in full force and effect until Nye County Treasurer's Office has received written notification from me of its termination in such time as to afford Nye county Treasurer's Office a reasonable opportunity to act on it.*

**Signed:** \_\_\_\_\_

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

Treasurer's office date received & completed: \_\_\_\_\_



## Nye County Emergency Management



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### ICS Courses

#### How to get started

The fastest way to begin taking the required courses is to visit the website. You can learn about each course, download materials and take courses interactively. Just follow these easy steps:

1. Go to the website: <http://training.fema.gov>
2. Click on Emergency management Institute (EMI)
3. Click on the tab on the top that says FEMA Independent Study
4. Then click on the NIMS Courses, the list will populate at the bottom of the page

Course Name: Introduction to Incident Command System

Course Code: IS-100.b

Course Name: ICS for Single Resources and Initial Action Incidents

Course Code: IS-200.b

Course Name: National Incident Management System (NIMS) An Introduction

Course Code: IS-700.a

Course Name: National Response Framework, An Introduction

Course Code: IS-800.b

Once, you have studied the training material, you can submit your final exam, all from the convenience of your home or office.

Upon successful exam completion, you will receive an email within one business day that confirms your transcript has been updated and the link to create your electronic certificate.

Nye County Emergency Management

Office: 775-751-4279

1510 E. Siri Lane, Ste # 1

Pahrump, NV 89060

# Ambulance & Fire Departments Station Management

## Computer Usage:

\*This text is compiled from the following documents: Nye County E-mail Acceptable Use Policy, Nye County Instant Messaging (IM) Acceptable Use Policy and Nye County Internet Acceptable Use Policy.

For a copy of the documents, please contact Nye County Emergency Management (775) 751-4279.

- \* “Scope: This Policy applies equally to all County employees, elected officials, contractors, **volunteers**, vendors, and other affiliates who use, access, or have access to County Internet capabilities, regardless of the person’s job title, position, pay rate, or physical work location.”
- \* “Department Managers shall:
  1. Take reasonable actions to assure that all employees under her or his authority comply with the provisions of this Policy.
  2. Have the right to review, question, and maintain logs of employee Internet usage.
  3. Provide appropriate disciplinary actions in accordance with established Nye County personnel policies whenever the provisions of this Policy have been violated by any person under his or her authority. “
  4. Immediately report to law enforcement, any suspected illegal internet activity for proper investigation.
- \* “Offensive content may not be intentionally accessed, displayed, temporarily stored, permanently archived, printed, distributed, edited, or recorded via any format using County data network, printing, or computing resources. Prohibited content includes, but is not limited to, pornography, sexual text or images, profanity, racial slurs, gender-specific comments, religious text and/or images, national origin, age, sexual orientation, mental or physical disability, veteran status or any other status protected under existing laws. Any content that may reasonably and/or legally be interpreted as libelous, defamatory, harassing, or slanderous is strictly prohibited at all times. “
- \* “County employees have ***no intrinsic “right to privacy”*** with reference to any County computer, data network, data file, paper file, e-mail message, IM message, telephone conversation, nor any other media or technology owned or operated by the County, as stipulated in the, “Nye County Personnel Policy Manual: Chapter 3”. Further, all County employees shall be aware that there is no requirement for County management personnel to give advance notice to any employee prior to conducting an investigation of her or his computer usage or work performance by the use of electronic monitoring, referencing system logs, or physical investigation of computer storage devices, to include data backups, or by any other means as outlined in other County policies

### **Computer Use in a nutshell**

1. Only use the computer or internet for business.
2. You may not use the computer for anything that might be interpreted as illegal or harassing etc.
3. If you have questions about if the content is “allowed” please contact your supervisor.
4. The Department Manager can review, question, and maintain logs of the Internet usage.

**I have read and agree to use the computer only for business:**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_