

VOLUNTEER/INTERN APPLICATION

The mission of The Embracing Project is to awaken the social conscience of those youths caught in violent situations throughout the Las Vegas Valley. We do so by engaging youth through educational services, enrichment activities, leadership opportunities, and unconditional support.

| For Office Use only | | |
|------------------------------------|---------------------------------|--------------|
| Received by: | Date: | Applicant #: |
| Position applying for | | |
| Volunteer <input type="checkbox"/> | Intern <input type="checkbox"/> | |
| Today's date: | Date available to start: | |

| General Instructions | Contact Information | |
|--|----------------------------|-------|
| <ul style="list-style-type: none"> Please type, print or complete the online version of this application To be considered for volunteer/intern services, complete your application in its entirety and sign in the Certification section All applications must be signed to be considered. Photocopies are acceptable If you require accommodation related to a disability, notify the Program Manager Volunteer/Intern Applications with Rite of Passage will remain active for a period of 30 days. A separate application must be submitted for each vacancy and/or new service to be provided. | Name: | |
| | Maiden or other Name: | |
| | Address: | |
| | Apt #: | City: |
| | State: | Zip: |
| | Contact phone #: | |
| | Email address: | |

| General Information |
|---|
| <ul style="list-style-type: none"> Have you ever been employed by Rite of Passage, The Embracing Project? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? |
| <ul style="list-style-type: none"> Do you have any relatives employed by Rite of Passage, The Embracing Project? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? |
| <ul style="list-style-type: none"> Have you ever been convicted, entered a plea of no contest, had a prosecution deferred, or adjudication withheld for any crime except minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the nature, location and date of each conviction. Nature: _____ Location: _____ Date: _____ |

- Have you ever been convicted of a sex-crime?

Yes No If yes, list the nature, location and date of each conviction.

Nature: _____ Location: _____ Date: _____

- Have you ever been convicted of a crime that involved drugs, alcohol, or gangs?

If yes, list the nature, location and date of each conviction.

Nature: _____ Location: _____ Date: _____

- Have you ever been convicted of a felony or gross misdemeanor?

If yes, list the nature, location and date of each conviction.

Nature: _____ Location: _____ Date: _____

Note: A "Yes" answer will not automatically bar you from providing services. The nature, relatedness, severity and date of the offense in relation to the services for which you are applying are considered. Note: State law and/or licensing requirements may prevent ROP to offer volunteer/intern status based on conviction information.

Education and Training

- Have you received a high school diploma, GED or equivalent certificate? Yes No

If no, please check eligibility and requirements for volunteers/interns.

- Level of Education: _____

- Training and Courses completed:

| Organization/Institution: | Type of Training/Course completed | Date |
|---------------------------|-----------------------------------|------|
|---------------------------|-----------------------------------|------|

the embracing project

A Rite of Passage Program

800 E. Charleston Blvd.,
Las Vegas, Nevada 89104
(702) 463-6929

Info@TheEmbracingProject.org
[www. TheEmbracingProject.org](http://www.TheEmbracingProject.org)

| Experience | | |
|---|----------------------------|---------------------------------|
| Previous/Current volunteer sites (If applicable) | Position and duties | Hours completed or dates |
| | | |
| | | |
| | | |
| Please write a short summary of your experiences at these sites: | | |
| | | |
| Skills | | |
| Please summarize special skills and qualifications you have acquired from employment, volunteer work, or through other activities, including sports or hobbies. How are these skills a match to the services provided at ROP, TEP? | | |
| | | |
| Values | | |
| Please list 3-5 of your core values (Can be family, professional, or academic values) | | |
| | | |
| Influences | | |
| What are your social, personal, and academic/professional influences? List one of each. | | |
| | | |

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Describe Rite of Passage, The Embracing Project's objectives and how we fit with your personal philosophy?

What is your availability?

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

What is your interest?

| | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Client Services |
| <input type="checkbox"/> Mentor-Facilitator (Girls Circle) | <input type="checkbox"/> Angel Mentor (one-on-one mentoring) |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Other (Please list) |

References

List 3 references that are not related to you by birth or marriage. References that know of your work with youth are preferable. At least one reference should be of a professional nature such as a supervisor, teacher, or another volunteer agency.

| Name | Relationship | Address | Email | Phone # |
|------|--------------|---------|-------|---------|
| | | | | |
| | | | | |
| | | | | |

Emergency Contact

| Name | Relationship | Address | Email | Phone # |
|------|--------------|---------|-------|---------|
| | | | | |

Certification authorization and agreement

Applicant: Please read carefully and sign before submitting this application

I hereby authorize Rite of Passage, The Embracing Project and/or its agents to make an independent investigation of my background, references, character, employment, education, criminal background, motor vehicle records, etc. The purpose of this authorization is to confirm the information contained on my application and/or obtaining other information which may be material to my qualifications for service as a volunteer/intern now, and if applicable, during my tenure of my service at Rite of Passage, The Embracing Project.

By signing below, I affirm that all the information that I have provided above is true. I acknowledge and grant permission to The Embracing Project that I may be photographed, video and/ or audio recorded, and that these forms of media may be published and/or broadcasted both locally and nationwide. I waive any and all confidentiality as applied in NRS 62.270, and any other law and ordinance that may apply. I do hereby release, forever discharge and hold harmless The Embracing Project, it's successors and partner organizations, and assign them from any and all liability, claims and demands of any kind or nature, either in law or equity, which arise or may hereafter arise from my activities as a volunteer with The Embracing Project. I understand that this Release discharges The Embracing Project from any liability or claim that I, as a volunteer, may have against The Embracing Project with respect to any bodily injury, personal injury, illness, death or property damage that may result from my activities as a volunteer with The Embracing Project, whether caused by the negligence of The Embracing Project or its officers, directors, employees, agents, or otherwise. I also understand that The Embracing Project does not assume any responsibility for, or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of an injury or illness, I do hereby release and forever discharge The Embracing Project from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my activities as a volunteer with The Embracing Project. I understand that the activities related to my work as a volunteer, including, but not limited to: loading and unloading of materials and transportation, may be hazardous to myself. I hereby expressly and specifically assume the risk of injury or harm in the activities related to my position as a volunteer and release The Embracing Project from all liability for injury, illness, death, and/or property damage resulting from my participation as a volunteer with The Embracing Project. I further understand that any offer to work with The Embracing Project is subject to the successful completion of training courses, a background investigation, and a drug test. I give my consent to any person, firm, or organization listed herein to furnish The Embracing Project with information concerning my character, past employment, or other information pertinent to my volunteer position with The Embracing Project.

Applicant Name (Please Print)

Applicant Signature

Date