



# LAS VEGAS INDIAN CENTER VOLUNTEER INTEREST FORM

Thank you for your interest in contributing your time to the Las Vegas Indian Center! Please check the boxes below to indicate which areas you are interested in volunteering:

**Committee Member >** \_\_\_\_\_  
 **Special Event >** \_\_\_\_\_

**LVIC Office** \_\_\_\_\_  
 **Other >** \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
[city, state, zip code]

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

**Please describe your areas of expertise:**

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

**What is your availability (schedule, dates, hours)?**

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

**Please describe your experiences with the Native American culture, if any:**

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

**Please list other non-profit organizations you have worked with and in what capacity:**

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

**Please provide a brief summary of your professional and educational background:**

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

*Yes! I am interested in volunteering with the Las Vegas Indian Center. The information contained in this form is true and correct to the best of my knowledge.*

\_\_\_\_\_  
**Signature**

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

Please return completed form to: Las Vegas Indian Center, 2300 W. Bonanza Rd. Las Vegas NV 89106 FAX: 702-647-2647