

## Volunteer Profile

### Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthday: / /  
optional

### Areas of Interest

- Presenter/Speaker** – Helps with various types of speaking requests. Topics range based on the requesting organization and audience. I am a:  Heart Survivor  Stroke Survivor  Health Educator
- Outreach** – Represent the AHA at health fairs and workshops. Duties include picking-up materials from the office, setting up table displays, passing out AHA literature, talking with the public & packing up the materials.
- Advocacy** – Respond to the issues and action alerts that you feel are important through You're the Cure, a grassroots network of volunteers committed to fighting against Nevada's leading causes of death and disability.
- Special Event** – Opportunities include helping organize special events (auctions, dinners, galas, walks or golf), soliciting donations, and recruiting other volunteers for night-of event work.
- General Office** – Duties would include but are not limited to filing, copying, typing, collating, answering phones, making calls, internet research, data entry, helping with a mass mailing, etc.

**What interests you about volunteering with us? Are you volunteering for court-ordered/school credit hours?**

### Availability

Weekdays: \_\_\_\_\_ Weekends: \_\_\_\_\_  
Specify Days Specify Days

Early-bird (4am – 8am)  Morning (8am-12pm)  Afternoon (12pm-5pm)  Evening (5pm-9pm)

### Skills & Experience

**Please circle any special skills and experience you have:**

- Computers Languages Public Speaking Teaching CPR Graphic Design/Websites  
 Calligraphy Accounting Advertising Office Work Research Typing  
 Filing Health Education Data Entry Copy Machine Telephone Word Excel

**Please list any languages you speak, educational background/training and other special skills & experience:**

**List current or previous occupations:**

**Please Submit Completed Form To:**

**Mail:** 4445 S Jones Blvd, Ste B1 – Las Vegas, NV 89103 | **Fax:** (702) 367-1975 | **Email:** LasVegas@heart.org

**Volunteer Profile Cont.**

**Person to Contact in Case of an Emergency**

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

**Emergency Questionnaire**

Do you have any medical conditions or mobility issues we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For a particular condition, what steps do you suggest we do for you in the event of an emergency?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any medications or allergies an emergency team needs to be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other information you think we should know:

\_\_\_\_\_

\_\_\_\_\_