

Joe Lombardo  
Governor

Rique Robb  
Interim Director



## DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH



Andrea Rivers  
MS  
Administrator  
Ihsan Azzam,  
Ph.D., M.D.,  
Chief Medical  
Officer

---

### BATTLE BORN STATEWIDE VOLUNTEER POOL REQUEST FORM

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

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

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

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

Requestors Phone: \_\_\_\_\_

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

#1 Type of Profession Needed: \_\_\_\_\_

#1 If 'Other', please specify here: \_\_\_\_\_

#1 Number of Volunteers Needed: \_\_\_\_\_

#1 Tasks to be performed: \_\_\_\_\_

#1 License/Certification Required: YES (check if yes)

#1 Skills required: \_\_\_\_\_

#2 Type of Profession Needed: \_\_\_\_\_

#2 If 'Other', please specify here: \_\_\_\_\_

#2 Number of Volunteers Needed: \_\_\_\_\_

#2 Tasks to be performed: \_\_\_\_\_

#2 License/Certification Required: YES (check if yes)

#2 Skills required: \_\_\_\_\_

#3 Type of Profession Needed: \_\_\_\_\_

#3 If 'Other', please specify here: \_\_\_\_\_

#3 Number of Volunteers Needed: \_\_\_\_\_

#3 Tasks to be performed: \_\_\_\_\_

#3 License/Certification Required: YES (check if yes)

#3 Skills required: \_\_\_\_\_

#4 Type of Profession Needed: \_\_\_\_\_

#4 If 'Other', please specify here: \_\_\_\_\_

#4 Number of Volunteers Needed: \_\_\_\_\_

#4 Tasks to be performed: \_\_\_\_\_

#4 License/Certification Required: YES (check if yes)

#4 Skills required: \_\_\_\_\_

Will meals be provided? YES (check if yes & provide note)

Meal Notes: \_\_\_\_\_

Will Per Diem rates be applied? YES (check if yes)

Will lodging be required/provided? YES (check if yes & provide note)

Lodging Notes: \_\_\_\_\_

Travel / MISC Notes: \_\_\_\_\_

Duty Address: \_\_\_\_\_

Duty City: \_\_\_\_\_

Duty ZIP Code: \_\_\_\_\_

Duty Contact Name: \_\_\_\_\_

Duty Contact Phone: \_\_\_\_\_

Do Site Logistics apply? YES (check if yes & provide note)

Site Logistics Notes: \_\_\_\_\_

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

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

Shift Hours: \_\_\_\_\_

Shift Hour Start: \_\_\_\_\_

Shift Hour End: \_\_\_\_\_

Days: \_\_\_\_\_

Additional Shift Details / Travel, etc.:

MISC Notes:

Download and submit completed form to [servnv@health.nv.gov](mailto:servnv@health.nv.gov) and [ESF8desk@health.nv.gov](mailto:ESF8desk@health.nv.gov)