



VOLUNTEER APPLICATION

210 'O' Street
 Lincoln, NE 68508
 (402) 471-4515

Date: _____

Mr./Mrs./Ms. Name: _____ Phone: _____

Address: _____
Street City State Zip

Date of Birth: _____ E-mail: _____
(If under 18 please have parent complete consent form)

How did you learn about the volunteer opportunities at Community Action? _____

Volunteer position(s) or department(s) applying for: _____

Are you a Head Start parent? YES NO

Have you ever been employed or volunteered for Community Action? YES NO

If yes, please list department & dates: _____

Employment/Volunteer Experience (list most recent experience first):

Company Name	Start Date	End Date	Responsibilities

Personal/Professional References:

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason(s) for seeking volunteer opportunities:

- ___ Develop & apply new skills
- ___ Give back to community
- ___ School credit/ internship
- ___ Diversion/ Probation
- ___ Other Community Programs _____

(A release for exchange of information must be filled out in order to release information to anyone outside of Community Action)

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

If yes, please explain: _____

If you are volunteering for legal reasons or school credit please complete the following:

Number of hours needed: _____ Requested completion date: _____

Indicate the days and times you are available to volunteer in the appropriate box below:

Monday	Tuesday	Wednesday	Thursday	Friday

Programs may require occasional weekends, would you be available weekends? YES NO

Date available to start: _____

How many hours are you available to volunteer per week? _____

Please check any skills and/or qualifications that you have:

<input type="checkbox"/> Accounting/ Budgeting	<input type="checkbox"/> Editing/ Proofreading	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Artistic Abilities/ Creative	<input type="checkbox"/> Educating/ Teaching	<input type="checkbox"/> Recruiting
<input type="checkbox"/> Bilingual/ Interpreting	<input type="checkbox"/> Engineering/ Maintenance	<input type="checkbox"/> Retail
<input type="checkbox"/> Child Care/ Working with Children	<input type="checkbox"/> Fundraising/ Grant Writing	<input type="checkbox"/> Researching
<input type="checkbox"/> Cleaning/ Household Chores	<input type="checkbox"/> Gardening/ Landscaping/ Yard Work	<input type="checkbox"/> Singing / Storytelling
<input type="checkbox"/> Clerical	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Sorting/ Hanging
<input type="checkbox"/> Computer Skills (Microsoft applications)	<input type="checkbox"/> Lifting	<input type="checkbox"/> Tax Preparation
<input type="checkbox"/> Computer (IT)	<input type="checkbox"/> Marketing/ Promotions	<input type="checkbox"/> Training/ Leading
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Office Skills (filing, phones, etc...)	<input type="checkbox"/> Transportation
<input type="checkbox"/> Data Entry/ Keyboarding	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Other (please list below)

Please list any additional skills and/or qualifications including Microsoft applications: _____

Please list any skills you would like to develop as a volunteer: _____

Please list any language(s) other than English that you speak, read and/or write: _____

I authorize Community Action Partnership of Lancaster and Saunders Counties to investigate all information contained in the application and I authorize all persons, institutions, organizations and companies to furnish all pertinent information known to them about me. I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal. I will also indemnify Community Action against any liability, which might result from making such investigation.

By signing this I agree to abide by the policies and practices established by Community Action for staff and volunteers. I understand that Community Action may terminate its relationship with any volunteer without prior notification for any reason deemed appropriate by agency.

Signature: _____ Date: _____

AGENCY USE ONLY

Orientation Date: _____ Program Placement: _____

CPS/APS _____ CA _____ NESO _____ NSO _____ DMV _____ SP _____ W _____ OTR _____

Comments: _____



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: Community Action Partnership of Lancaster & Saunders Counties (402) 471-4853
Please do not use abbreviations

Address and Phone Number: 210 'O' Street Lincoln, NE 68508 (402) 471-4515

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

Helping People Live Better Lives
An Equal Opportunity/Affirmative Action Employer
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