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| Volunteer Application 4920 S. 30th St., Suite 103, Omaha, NE 68107 |  |

## Personal Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: | | First Name: | |
| Street Address: | | | |
| City: | State: | | Zip Code: |
| Cell Phone: | | Work Phone: | |
| E-Mail Address: | | | |
| Date of Birth (mm/dd/yyyy): | | | |
| Today’s Date (mm/dd/yyyy): | | | |

## Availability

Please check your intended availability:

* Long – Term (6+ months)
* Short – Term (Fewer than 6 months)
* Special Project/Event

### Please list which days and times you would prefer to volunteer **(EDUCARE IS TUES/THURS 4:30-6:30)**

|  |  |  |
| --- | --- | --- |
| Mon. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tues. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Wed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Thurs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fri. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sat. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sun. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

## Interests

### Tell us in which areas you are interested in volunteering.

|  |  |
| --- | --- |
| \_\_\_ Administration/Clerical | \_\_\_ Saving Grace Food Distribution |
| \_\_\_ Events | \_\_\_ OneWorld Greeter |
| \_\_\_ Baby Boutique | \_\_\_ Landscaping/Facilities |
| \_\_\_ Learning Community Center |  |
| \_\_\_ Interpreter or Translator | \_X\_ Other: \_\_Educare\_\_\_\_\_\_\_\_ |

## Special Skills or Qualifications

### Please list any additional languages you speak/read/write and your proficiency level.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Beginner/Novice 🞏 Intermediate 🞏 Advanced/Native

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Beginner/Novice 🞏 Intermediate 🞏 Advanced/Native

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Beginner/Novice 🞏 Intermediate 🞏 Advanced/Native

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Beginner/Novice 🞏 Intermediate 🞏 Advanced/Native

### Please list any other special skills, interests, or hobbies you have:

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| --- |
|  |

## Experience

### Summarize your previous volunteer experience(s). Please include the agency, dates, and any activities/duties you were assigned.

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|  |

Current Employment Status:

🞏 Employed (Full-Time) 🞏 Employed (Part-Time) 🞏 Self Employed

🞏 Retired 🞏 Unemployed 🞏 Student

Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Student Information

Education (circle highest)

**High School**: 9 10 11 12 **College**: 1 2 3 4 **Graduate**: 1 2 3 4

Name of School: \_\_\_\_Millard North High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you receive credit for volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name: | Relationship: |
| Phone: | |

|  |  |
| --- | --- |
| Alternate Name: | Relationship: |
| Phone: |  |

## References

### Please list 2 references (not family).

|  |  |
| --- | --- |
| Name: Theresa Jensen | Relationship: Spanish Honors Society Sponsor/Teacher |
| Phone: (402) 672-7712 | |
| E-Mail Address: tmjensen@mpsomaha.org | |

|  |  |
| --- | --- |
| Name: | Relationship: |
| Phone: | |
| E-Mail Address: | |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I give permission for OneWorld Community Health Centers, Inc. to conduct background check(s) on me, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon meeting acceptable OneWorld standards on my background. I hereby release and agree to hold harmless from liability OneWorld Community Health Centers, Inc., its employees and volunteers thereof, or any other person or organization that may provide such information.

|  |  |
| --- | --- |
| Applicant Name (printed): | |
| Applicant Signature: | Date: |
| IF MINOR – Parent or Guardian  Signature: | Date: |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.

Questions/concerns can be addressed to Tiffany Nguyen, Volunteer Coordinator, at [tnguyen@oneworldomaha.org](mailto:tnguyen@oneworldomaha.org) or 402-502-8917.