



## VOLUNTEER APPLICATION

Mission Statement: To serve homeless and at-risk youth by providing critically-needed resources which empower them to become self-sufficient.

Our Vision: We envision a community which understands and embraces its youth, creating an environment where youth homelessness no longer exists. We are **committed** to the youth, our cause, and our supporters. We are **passionate** about making a difference and assisting our youth in any way we can. We are a **team** working together to end youth homelessness.

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Why are you interested in becoming a YES volunteer?

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Describe any previous experience working with homeless or at risk youth.

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List present and previous volunteer jobs. \_\_\_\_\_

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Occupation and Employer \_\_\_\_\_

Educational experience \_\_\_\_\_

Additional skills, hobbies, or interests \_\_\_\_\_



## Time Availability

I would like to volunteer \_\_\_\_\_ hours per week, or \_\_\_\_\_ hours per month.

### Hours of Operation-

**Administrative Office:** M-F, 9:00am-5:00pm. Volunteers are needed Mondays, 2-4pm to assist with donation sorting.

**Outreach Center Meals:** Deliver Meals: Monday 12:30pm, Tuesday 2:30pm, Wednesday, 12:30pm Thursday 2:30pm, Friday 12:30pm.

Volunteers are needed Tuesdays, from 6-8 pm to assist with Pantry night.

**Maternity Home:** Saturdays, 9-11am to assist with Gardening

**Tip Top Thrift Shop:** Monday thru Saturday, 10am-4pm

Please indicate which days and times you would prefer to volunteer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday NA

## Volunteering Areas of Interest

\_\_\_\_\_ **Provide a meal-** YES provides meals to over 600 youth a month at our Street Outreach Center.. You can help with this service by preparing meals off-site and delivering them to our Street Outreach Center ready to be served to our youth who visit daily.

\_\_\_\_\_ **Donation Assistance** at the Administrative office and Street Outreach Center. Help organize in-kind donations to make them readily available to the youth we serve throughout our programs.

\_\_\_\_\_ **Thrift Shop Volunteer-** Tip Top Thrift Shop is a committed partner in raising funds for YES. Sort donations, cashier, or assist customers at the store.

\_\_\_\_\_ **Garden Volunteer-** Assist with Gardening at our Maternity Group Home. Help plant, water, or weed.

\_\_\_\_\_ **Mentor a youth-** Join our Mentoring program and invest in Omaha's youth. Provide support and guidance to young mothers in our Maternity Home or young adults in our Transitional Living Program.

\_\_\_\_\_ **Special Event Volunteer:** Assist our Marketing/ Events coordinator with YES activities. Dance for a Chance- Friday, July 31; November Event (more info to come).



## Liability Release & Waiver

I, the undersigned, understand that my participation with Youth Emergency Services is strictly on a volunteer basis. I hereby waive, release and forever discharge Youth Emergency Services, its officers, trustees, clients, and employees, from any and all claims (whether present or future) arising out of my participation in my volunteer work. I understand that by signing below I am waiving any and all claims of liability against Youth Emergency Services, its officers, agents and employees, arising out of my participation in Youth Emergency Services Volunteer Program,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ MINOR  
CONSENT: I, \_\_\_\_\_ give consent for (parent/guardian)  
\_\_\_\_\_ to volunteer at Youth Emergency Services

## Volunteer Agreement

This agreement is made and entered into by Youth Emergency Services (YES) and the volunteer,

\_\_\_\_\_  
(Print full name)

### The Volunteer Agrees:

- To abide by all established policies and procedures
- To complete required volunteer training
- To establish a set schedule and give staff at least 24 hour notice if unable to maintain that schedule, except in the case of sudden illness or emergency
- No compensation of any kind is payable under this agreement
- To perform services as stated in the Volunteer Description of Duties

### Youth Emergency Services Agrees:

- To provide necessary orientation, training, and supervision required for the volunteer position
- To maintain an attendance record
- To provide necessary equipment, as feasible, for the performance of the volunteer position



## CONFIDENTIALITY AGREEMENT

I am aware that anything I learn or experience during my volunteer interaction, which may be considered sensitive or privileged information, must be held in strict confidence.

I agree that I will not share confidential information about staff or agency operations, nor divulge identifying information regarding the clients of Youth Emergency Services or related individuals or entities. Failure to comply with confidentiality expectations may result in immediate termination of my volunteer relationships with Youth Emergency Services.

Either party with written notice may terminate this agreement. This agreement shall commence and be in good standing from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) unless previously terminated in accordance with the above stipulations.

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Agency Representative/Title

Date

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Volunteer

Date

## Public Relations Authorization

I, \_\_\_\_\_, hereby grant Youth Emergency Services the right to:

\_\_\_ Take pictures of me, my family, or my child(ren) \_\_\_ Use my story or other writing(s) of mine

Description of information to be released: \_\_\_\_\_

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Exclusions of authorization: \_\_\_\_\_

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I understand pictures and/or information may be used by Youth Emergency Services in any printed, oral, transmitted, or electronic form for illustration, promotional, educational, public relations, or fundraising purposes.

If I have submitted written material, I understand that Youth Emergency Services may choose to alter key elements to protect my confidentiality. I also understand that I may revoke, in writing at any time, this release for future use.

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



The Background Check Company

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security #\* \_\_\_\_\_ Date of Birth\* (MM/DD/YYYY) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

All Previous Addresses in the Last Seven Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used for any other purpose.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: (a) a person has taken adverse action against you because of information in your credit report; (b) you are the victim of identity theft and place a fraud alert in your file; (c) your file contains inaccurate information as a result of fraud; (d) you are on public assistance; (e) you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau  1700 G Street, N.W.  Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center – FCRA  Washington, DC 20580  (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:  a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks  b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act  c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations  d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group  1301 McKinney Street, Suite 3450  Houston, TX 77010-9050  b. Federal Reserve Consumer Help Center  P.O. Box. 1200  Minneapolis, MN 55480  c. FDIC Consumer Response Center  1100 Walnut Street, Box #11  Kansas City, MO 64106  d. National Credit Union Administration  Office of Consumer Protection (OCP)  Division of Consumer Compliance and Outreach (DCCO)  1775 Duke Street  Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings  Aviation Consumer Protection Division  Department of Transportation  1200 New Jersey Avenue, S.E.  Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board  Department of Transportation  395 E Street, S.W.  Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access  United States Small Business Administration  409 Third Street, S.W., 8th Floor  Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission  100 F Street, N.E.  Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration  1501 Farm Credit Drive  McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u>  Federal Trade Commission:  Consumer Response Center – FCRA  Washington, DC 20580  (877) 382-4357</p>



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. For information on how to register your organization go to: <http://dhhs.ne.gov/CFSCentralRegistry>

**ORGANIZATION INFORMATION**

Registered Organization ID Number	Registered Organization Name
<input type="text"/>	<input type="text"/>

**APPLICANT INFORMATION**

First	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Age	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided (minimum City & State):



Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(NOTE: If Applicant is less than 19 years of age the notarized signature of Applicant's Legal Guardian is also required below in Section C).

**Section A - Verification of Identity of Applicant: Section A or B must be completed.**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by:

\_\_\_\_\_  
(Printed Name of Applicant) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

**Section B - Verification of Identity of Applicant: Section A or B must be completed.**

The undersigned Organization employee hereby certifies that he or she has verified the identity of the Applicant by examining the Applicant's identification documents.

\_\_\_\_\_  
Signature of Organization Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Organization Employee

\_\_\_\_\_  
Signature of Applicant's Legal Guardian

\_\_\_\_\_  
Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

**Section C - Verification of Identity of Applicant's Legal Guardian (If applicable)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by:

\_\_\_\_\_  
(Printed name of Applicant's Legal Guardian) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

Registered Organization ID Number