



## Volunteer Application Form

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

In case of Emergency contact: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I'm interested in volunteering because:

Please list your special skills:

Please read this carefully before signing:

Our program appreciates your interest in becoming a volunteer. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct federal and state criminal records checks.

\_\_\_\_\_ I have signed PR release forms

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



### Volunteer Agreement

This agreement is made and entered into by Youth Emergency Services, Inc. (YES) and \_\_\_\_\_ (Volunteer). The parties agree to the following:

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 hours notice if unable to maintain that schedule except in the case of sudden illness or emergency
- No compensation for any kind is payable under this agreement
- To volunteer a minimum of sixteen hours per month spending at least four hours per visit
- To perform services as stated in the Volunteer Description of Duties
- To maintain accurate time sheets as required by the agency

Youth Emergency Services, Inc. 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.

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.

\_\_\_\_\_  
Agency Representative / Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date



**Public Relations Authorization Form**

I, \_\_\_\_\_, hereby grant Youth Emergency Services, Inc. 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, Inc. 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, Inc. 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.

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

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

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

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

# ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24148 Omaha, NE 68124  
(P) 800.608.3645 • (P) 402.933.9999 • (F) 402.333.3280

## APPLICANT RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials credit and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

***I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.***

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

### PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
(REQUIRED)

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (REQUIRED) \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ NAME AS IT APPEARS ON LICENSE \_\_\_\_\_

### OTHER ADDRESSES IF LESS THAN 7 YEARS AT HOME ADDRESS: (USE BACK OF SHEET FOR ADDITIONAL ADDRESSES)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE;

**I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE**

SIGNATURE OF APPLICANT: \_\_\_\_\_ NAME OF APPLICANT (PLEASE PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

ONE SOURCE CLIENT FORMS © 2007



**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: One Source, The Background Check Company – Fax 1-800-929-8117**

**Please do not use abbreviations**

**Address and Phone Number: P.O. Box 24148, Omaha, NE 68124 – Attn: LAURA BELYEA**

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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_