



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:

Exclusions of authorization:

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: _____



Release of Information

Before being accepted for paid, volunteer or intern work for Youth Emergency Services, Inc., we need to check the Nebraska Child Abuse/Neglect Central Registry to confirm that there have been no substantiated referrals of child maltreatment concerning you. To do so, we need your authorization.

I hereby authorize the Nebraska Department of Health and Human Services to release information from the Central Registry pertaining to me to Youth Emergency Services, Inc.

Contact: Stacy Seier, Volunteer Coordinator
3910 Harney Street, Omaha, NE 68131
P: (402) 345-5187
F: (402) 345-6704

Printed Name of Applicant

Signature

Date of Birth

Other Name(s) Previously Used
Including Nicknames

Date

Social Security Number

Names of all children who have lived with you

Current address:

Previous addresses during the last twenty (20) years (Street and Town)

Witness Signature

Date Witnessed

This release becomes void ninety (90) days after signature by Applicant.

3910 Harney Street • Omaha, NE 68131 • Ph: (402) 345-5187 • Fax: (402) 345-6704 • www.yesomaha.org



I understand that as a condition of volunteering my time, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registries. A check of these registries is necessary to insure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either registry as a result of previous abuse and/or neglect allegations which may have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release information contained on the Adult and Child Protective Services Central Registry including the information that a record has been found to:

Youth Emergency Services, Inc.
(Agency/Facility Requesting Check)

Signature of Applicant

Date Signed

Printed Name of Applicant

Social Security Number

Date of Birth

Home Address

City, State, Zip

Other Names Used in Last Twenty (20) Years:

Other Addresses in Last Twenty (20) Years:

Witness Signature

Date Witnessed

This release becomes void ninety (90) days after signature by Applicant.