



Office Use Only  
Date Received:

# Volunteer and Intern Application

Date of Application	Date of Birth	Social Security Number
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Last Name	First Name	MI
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Other names by which you have been known

Current Street Address

City	State	Zip
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Home Phone	Cell Phone	E-Mail
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Employer	Occupation
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Work Telephone	May we contact you at work?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

If student, name of school	Grade Level	Major
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Reason for Volunteering

Personal Fulfillment    
  School Required Internship    
  Community Service Hours    
  Skill Development

For internships, how many hours do you need to complete and what is the timeline for completion?

For internships, name of instructor	Instructor's Phone Number
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Areas of Interest

<input type="checkbox"/> Clerical Support	<input type="checkbox"/> Sewing	<input type="checkbox"/> Holiday Gift Delivery
<input type="checkbox"/> Handyman	<input type="checkbox"/> SouthPointe	<input type="checkbox"/> Bulk Mail
<input type="checkbox"/> Yard work	<input type="checkbox"/> Wish List	<input type="checkbox"/> Internship for College
<input type="checkbox"/> Special Events	<input type="checkbox"/> Scrapbooking	<input type="checkbox"/>

Hours You Are Available

Monday	Hours
Tuesday	Hours
Wednesday	Hours
Thursday	Hours
Friday	Hours
Weekends	Hours

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Please describe any unique talents, skills, hobbies or interests you might have that might be helpful in your volunteer work.

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Please describe your past or current volunteer experience in the community.

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What would you like to gain from your volunteer experience at the Child Advocacy Center?

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Have you ever been a victim of physical or sexual abuse, including domestic violence?  
Please explain.

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Have you ever received services from the CAC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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References

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Name

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Address

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Telephone Number	Relationship
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Name

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Address

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Telephone Number	Relationship
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Name

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Address

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Telephone Number	Relationship
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# Volunteer Disclosure Affidavit

Volunteer's Name \_\_\_\_\_

**PLEASE READ CAREFULLY**

*The undersigned volunteer affirms that I have not at any time, whether as an adult or juvenile, (1) Been accused, arrested, plead guilty, admitted, plead no contest or been convicted of any of the following types of criminal activity in any jurisdiction; or (2) Had any judgment or order rendered against me, entered into any settlement of an action or claim or had any license, certificate or employment suspended, revoked, terminated or adversely affected because of any of the following allegations or conduct whether under criminal or civil law of any jurisdiction; or (3) Been diagnosed as having or been treated for any mental or emotional condition arising from any of the following allegations or conduct; or (4) Resigned under threat or termination of employment or volunteer work for any of the following allegations or conduct whether under criminal or civil law of any jurisdiction.*

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Any felony
<input type="checkbox"/>	<input type="checkbox"/>	Rape or other sexual assault of an adult or child
<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence
<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol related offense
<input type="checkbox"/>	<input type="checkbox"/>	Abuse or neglect of a child
<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping, false imprisonment, or abduction
<input type="checkbox"/>	<input type="checkbox"/>	Sexual harassment
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation, sexual conduct, or molestation of a child
<input type="checkbox"/>	<input type="checkbox"/>	Lewdness, lascivious behavior and/or indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	Obscene literature or pornography
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution or soliciting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment of a child
<input type="checkbox"/>	<input type="checkbox"/>	Any misdemeanor or other offense classification involving a child or to which a child was a witness
<input type="checkbox"/>	<input type="checkbox"/>	Unfitness as a parent or guardian
<input type="checkbox"/>	<input type="checkbox"/>	Removing children from a State or concealing children in violation of a law or court order
<input type="checkbox"/>	<input type="checkbox"/>	Restrictions or limitations on contact or visitation with child
<input type="checkbox"/>	<input type="checkbox"/>	Forgery or theft
<input type="checkbox"/>	<input type="checkbox"/>	Assault, battery, or other offenses
<input type="checkbox"/>	<input type="checkbox"/>	Animal cruelty
<input type="checkbox"/>	<input type="checkbox"/>	Similar or related conduct, matters or things

If you answered YES, to any of the above questions please explain with descriptions and dates

\_\_\_\_\_

List any pending criminal charge(s)

Are you currently on probation or parole?

Yes

No

Do you currently have any active warrants for your arrest?

Yes

No

*In the Child Advocacy's Center's effort to attract the highest quality volunteer staff, I have been advised that, as a part of the application process for volunteer services at the Center, an extensive inquiry will be made concerning my prior volunteer activities, character and criminal history in any jurisdiction where I have lived or worked, and I fully consent to and authorize all such inquiries which may include:*

- > *A criminal history background check*
- > *Fingerprinting*
- > *A check of the Central Registry of Abuse and Neglect*
- > *A check of the Sex Offender Registry*
- > *A check of active warrants*

*I understand that my continued consideration as a volunteer at the Child Advocacy Center is contingent upon this background check.*

*I certify that all statements made by me in this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.*

*I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely at will, giving either me or the Child Advocacy Center the right to terminate my volunteer service at any time for any reason without liability or obligation.*

*I agree to release the Child Advocacy Center and its officers, employees, agents and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur due to the negligence of the Child Advocacy Center, its officers, employees, agents, and representatives or others due to accidental occurrences while visiting the Child Advocacy Center or otherwise engaging in activities as a volunteer.*

*I hereby acknowledge that I have read and understood the above statement and I voluntarily sign this application.*

Signature of Applicant

Date

Signature of Parent or Guardian (if applicant is under 18 years of age)

Date



## Authorization to Release Information

*I, the undersigned, authorize and consent to any person, firm, organization or corporation provided a copy of this Authorization to Release Information to release and disclose any and all information or records requested regarding me, including, but not necessarily limited to my employment records, volunteer experience, military records, criminal records and background to the Lincoln/Lancaster County Child Advocacy Center, Inc. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment at the Child Advocacy Center. Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance.*

### Required Identifying Information

First Name	Middle Name	Last Name
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Other names or spelling used (married, maiden, nickname, alias, etc.)

Street Address	City	County	State	Zip Code
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Date of Birth	Male Female	SSN
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Driver's License Number	State
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Race (Check all applicable) American Indian/Alaskan Native Black Asian Native Hawaii/Pacific Islander White	Ethnicity (Check one only)  Hispanic Non-Hispanic
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List other places you have resided for the past ten years

Date	Signature of Applicant
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Date	Witness to Signature
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**AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY**

**The State of Nebraska approved this form, any alteration will invalidate it.**

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: Child Advocacy Center Fax: 402.476.5330

**Please do not use abbreviations**

Address and Phone Number: 5025 Garland Street Lincoln, NE 68504 402.476.3200

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.

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