



## VOLUNTEER APPLICATION

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

**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 # \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency contact, relationship, phone # \_\_\_\_\_

Why are you interested in becoming a YES volunteer? \_\_\_\_\_

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

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

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, 9:00 AM-5:00 PM
  - Volunteers are needed Mondays, 2-4 PM
- **Outreach Center:**
  - Deliver Meals: Monday, Wednesday, & Friday 12:30 PM; Tuesday & Thursday 2:30 PM
  - Volunteers are needed Tuesdays from 6-8 PM
- **Maternity Home:**
  - Gardening: Saturdays 9-11AM
- **Tip Top Thrift Shop:**
  - Monday thru Saturday, 10 AM - 4 PM

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

M. \_\_\_\_\_ T. \_\_\_\_\_ W. \_\_\_\_\_ Th. \_\_\_\_\_ F. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. N/A





## **YOUTH EMERGENCY SERVICES**

### **Volunteer Waiver, Release, and Indemnity**

Name of Volunteer (please print): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

I, the undersigned volunteer, desire and agree to volunteer for Youth Emergency Services, Inc. in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of YES, and YES will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property, that may result while volunteering, and I understand that YES is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify YES, its officers, officials, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of YES or otherwise.

I (and parent or legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

\_\_\_\_\_  
Signature of Volunteer                      Date

\_\_\_\_\_  
Parent/ Legal Guardian                      Date

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



### INSTRUCTIONS

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

**All designated fields must be completed or the request will be returned and not processed.** If this document is not typed, all information must be clearly printed and legible.

### AUTHORIZATION

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

☐ Adult Protective Services Central Registry      ☐ Child Protective Services Central Register

### TYPE OF CHECK

Select only one:

☐ Agency Requested Check      ☐ Self Check

Is this a request for an Adoption?      ☐ Yes      ☐ No

**AGENCY INFORMATION:** This section must be completed if this is an agency request.

Agency ID Number

Agency Name

--	--

### APPLICANT INFORMATION

First, Middle, Last Name

--

Date of Birth

Age

Social Security Number

--	--	--

Current Address

--

City

State

Zip Code

--	--	--

E-Mail Address (CFS will use this email as the primary method of contact)

--

Other names previously used such as former married names, maiden name and nick names used during the past 20 years

--

First, Middle, Last Name

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

All previous addresses at which you have resided during the past 20 years (minimum City & State):

#### SIGNATURES & DATES

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. **This authorization is valid for a period of 6 months from the date of signature.** Legal guardian signature is required if the applicant is less than 19 years of age.

Signature of Applicant

Date

Signature of Applicant's Legal Guardian (Note: this signature is necessary only if applicant is less than 19 years of age).

Date

#### SELF CHECK

Notary is required for Self-Check only.

Seal of Notary

Notary Public

#### AGENCY CHECK

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

Agency ID Number

Date



## VOLUNTEER DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]  
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Youth Emergency Services may obtain information about you from a consumer reporting agency for volunteer service 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. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteer service is an investigation into your education and/or employment history conducted by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Youth Emergency Services to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your volunteer service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### 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 Organization at any time after receipt of this authorization and throughout my volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]**, another outside organization acting on behalf of Youth Emergency Services, and/or Youth Emergency Services itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or volunteers only: You have the right to inspect and receive a copy of any investigative consumer report requested by Youth Emergency Services by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or volunteers only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Organization. ☐

California applicants or volunteers only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Organization whenever you have a right to receive such a copy under California law. ☐

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

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

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

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.