



Community Action Partnership of Mid-Nebraska Volunteer Application

C/S, UNK, KPS, Other
 # hours needed _____
 Restrictions Y N

Name: _____ Phone (H) : _____ (w): _____

(May we call you at work _Yes _ No)

Address: _____ Email: _____

Social Security Number For RSVP/Compassionate Connections: ___ - ___ - _____

Occupation: _____ Date of Birth _____

Ethnic Group :(optional) ___ Caucasian ___ African American ___ Hispanic ___ Native American/Alaskan ___ Asian, Pacific Islander ___ other

Veteran: ___yes ___no **Years of Service** _____

Volunteer options:

- | | | |
|---------------------------|------------------------|------------------------------|
| ___ friendly visits | ___ yard work | ___ shopping/errands |
| ___ escort/transportation | ___ light housework | ___ writing letters/reading |
| ___ respite care | ___ minor home repairs | ___ telephone reassurance |
| ___ meals during recovery | ___ office help | ___ other: _____ |
| ___ food bank/ware house | ___ children/youth | ___ special community events |

Placement preference:

Please check all that apply:

I can volunteer: ___once a week ___more than once a week ___as needed ___other

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

Matching information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Do you smoke? ___yes ___no

Are you allergic to pets? ___yes ___no

List any special considerations for your placement (distance from home, preference for age or gender of care receiver)? _____

Consent for use of Pictures taken of Volunteers for Recognition and Publicity Yes No

Screening information:

Do you have a valid driver's license? (only if transporting individuals) ___yes ___no

License number: _____

Insurance company: _____ Policy number: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? ___yes ___no

If yes, please explain: _____

Name of Probation Officer and phone number: _____

Do you have any physical limitations that may limit your volunteer activities? ___yes ___no

If yes, please describe: _____

Emergency contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list two persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend, and over 18 years of age.

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

Signature of Applicant

Date

Beneficiary for RSVP Supplemental Accident Insurance: Only for RSVP volunteers

Name _____ Relationship _____

Address _____ Phone _____

Area Assigned: RSVP, Head Start, CSFP, RAFT, Beads in a Box, CARE, RYDE, Community Services, Events, Other: _____