



Catholic Social Services of Southern Nebraska

Application Form

Please print clearly

Please circle Weekly Availability					
M	T	W	R	F	S
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM
Specific times: _____					

Today's Date _____

First Name _____ Last Name _____ Maiden/other _____ Gender M F

Mailing Address _____ City _____ State _____ Zip Code _____

Physical Address (if different than above) _____ City _____ State _____ Zip Code _____

Phone Home # _____ Cell # _____ Work # _____ E-mail _____

Social Security Number _____ Date of Birth _____ Restrictions _____

Emergency Contact Name _____ Their phone number _____

Occupation _____ Previous volunteer experience _____

Are you volunteering to meet diversion program requirements? Y or N If yes, state reason for diversion on line below:

References

Name _____ Relationship _____ Daytime Phone _____

Name _____ Relationship _____ Daytime Phone _____

Volunteer Positions (Please check those you wish to apply for)

<u>Office</u>	<u>Grounds</u>	<u>Client Relations</u>	<u>Maintenance</u>	<u>St. Gianna Women's Homes</u>	<u>Other</u>
<input type="checkbox"/> Phones	<input type="checkbox"/> Parking lot	<input type="checkbox"/> Help with groceries	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Assist with child care	<input type="checkbox"/> Food Pantry
<input type="checkbox"/> Filing	<input type="checkbox"/> Snow removal	<input type="checkbox"/> to vehicles	<input type="checkbox"/> Painting	<input type="checkbox"/> Assist with office work	<input type="checkbox"/> Thrift Store
<input type="checkbox"/> Clerical	<input type="checkbox"/> Mowing	<input type="checkbox"/> Visit with clients	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Transportation to services	<input type="checkbox"/> Refugee Program
<input type="checkbox"/> Data entry	<input type="checkbox"/> Gardening	<input type="checkbox"/> Sandwich Program	<input type="checkbox"/> General outdoor grounds	<input type="checkbox"/> Staff backup	<input type="checkbox"/> Guadalupe Center
<input type="checkbox"/> Accounting				<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Emergency Services
				<input type="checkbox"/> Assist with classes	<input type="checkbox"/> Housing Services
				<input type="checkbox"/> Where ever needed most	
<input type="checkbox"/> General help in any of the above categories					
Other (please specify) _____					
Skills/talents you have _____					

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I, the undersigned applicant, do hereby authorize The Catholic Bishop of Lincoln and Catholic Social Services, by and through its independent contractor, LexisNexis, to procure an investigative consumer report on me during the application process and at any time during the tenure of my employment or volunteer services with Catholic Social Services. These above mentioned reports include, but are not limited to, personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to LexisNexis, that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Catholic Bishop of Lincoln, and Catholic Social Services and through LexisNexis, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, including alcohol and controlled substance information from previous employers.

I hereby release The Catholic Bishop of Lincoln and Catholic Social Services from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for assisting with the compilation or preparation of the investigative consumer report hereby authorized.

My signature attests that I answered all the above information to the best of my knowledge and ability.

Your signature _____ Date signed _____