



400 N. 27th Street, Lincoln NE 68503 | www.cityimpact.org | serve@cityimpact.org

CITY IMPACT

402-477-8080

IMPACT READING CENTER - VOLUNTEER APPLICATION

Please COMPLETE, PRINT, SIGN and RETURN to City Impact

Name: _____ Date: _____

Gender: M F Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Birthday: _____ Social Security #: _____

Drivers License #: _____ Name as printed on License: _____

Employment Status: (choose ONE only) Unemployed Employed Retired Student

If student, list a permanent address: _____

Employer Name and Address: _____

Marital Status: Married, spouse present Married, spouse absent Widowed Divorced Never married

In Emergency, notify: _____ (Relationship): _____

Address: _____ Phone: _____

How did you hear about City Impact?

- Work
- Friend/family (name) _____
- Church (name) _____
- Other _____

Why do you wish to volunteer with City Impact? _____

Have you volunteered/served with City Impact previously? If yes, please specify in what capacity. _____

Describe any skills/experience/talents you bring to this volunteer position. _____

Do you speak any other languages? Please specify and provide level of fluency. _____

With what other types of ministry/volunteer opportunities/community groups have you been involved in?

Area _____ Age Group _____
Area _____ Age Group _____
Area _____ Age Group _____
Area _____ Age Group _____

What is your highest level of education completed? (choose **ONE** only)

- High School, not completed
- High School
- College Courses
- Associate's Degree
- BA/BS Degree
- Master's Degree
- PhD
- Other _____

Area/field of degrees received/courses taken: _____

Is it necessary for you to limit your physical activity? Yes No

Are you licensed to practice a profession? Yes No

Have you received professional help for a nervous, mental or emotional disorder? Yes No

Do you have a police record? Yes No

Do you now or have you ever used narcotics, hallucinogens drugs not prescribed by a physician? Yes No

Have you been involved in any incidents of child abuse, sexual or other? Yes No

If you marked yes to any of the above, please explain. _____

REFERENCES- List those familiar with your character and capabilities (do not list relatives). If possible, we prefer to have a combination of friend, teacher, and/or fellow co-worker. All information received will remain confidential.

Name _____	Daytime Phone _____
Address _____	City _____ State _____ ZIP _____
E-mail Address _____	
Years known _____	Organization/Relationship _____

Name _____	Daytime Phone _____
Address _____	City _____ State _____ ZIP _____
E-mail Address _____	
Years known _____	Organization/Relationship _____

IMPACT READING CENTER VOLUNTEER AGREEMENT

- I, _____(your name) acknowledge that if accepted as an Impact Reading Center volunteer, I agree to abide by the rules and regulations of City Impact and the Impact Reading Center program.
- I understand that the program involves spending time weekly at the assigned school, for a minimum of a nine-week session.
- I have not been convicted within the past 10 years of any felony or misdemeanor classified as an offense against a person or family, of public indecency or a violation involving a state or federally controlled substance.
- I am not under current indictment.
- I give permission for City Impact to perform a check of my background including Social Security Number verification, Nationwide Criminal Record search, Statewide Criminal Record search, Nebraska Adult Abuse Registry search and Nebraska Child Abuse Registry search. I understand that I do not have to agree to this background check, but the refusal to do so may exclude me from consideration for some types of work. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of work and that all such information collected during the check will be kept confidential.
- I give permission for City Impact to contact my identified references. I understand that by contacting these individuals they will be asked to give their full and honest evaluation of my suitability of the described work and such other information as they deem appropriate.
- I hereby fully discharge school personnel and participating companies or organizations from any and all liability, claims, causes of action, costs and expenses which may be attributable to my participation in the Impact Reading Center program.
- I will not hold City Impact or any of its employees responsible for any hazard or injury that may occur to me while I am offering my volunteer services on or in their facilities or in other off-site locations.
- I understand that by signing this form, I am waiving all rights to any subsequent legal action.
- I understand that I am volunteering my services and am not covered by Workers' Compensation insurance.
- I understand that City Impact reserves the right to take my picture and use it for promotional purposes, unless check marked in the statement below.

I understand that the Impact Reading Center program reserves the right to deny application to any person and to terminate a volunteer from the program. This program **does not accept responsibility** for relationships when meeting outside of school.

I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in this application are true and accurate.

Signature _____ Date _____

Check here if you do **not** wish to have photographs you might be in, published for the promotion of City Impact and/or the Impact Reading Center program.

Optional \$20 donation would help City Impact defray costs of required background checks. Thank you!



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

**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: One Source, The Background Check Company –Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa

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.

