



A registered trade name of People United For Families, Inc.

OFFICE LOCATIONS:

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 (402) 873-6345 fax

320 5th Street
 Syracuse, NE 68846
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VOUNTEER APPLICATION

The mission of Partners for Otoe County is to enhance the quality of lives of children and families through the promotion of programs, services, and resources in Otoe County.

Partners for Otoe County (P4OC) is a volunteer based nonprofit 501© 3 organization working to strengthen our community and ensure that every family thrives. P4OC, formerly People United for Families is based on the concept hat by working together as a community, we could accomplish more than we could accomplish individually. Volunteer services are critical to fulfilling our mission for Otoe County youth and families.

Thank you for your interest in volunteering. Please fill out the form below so that we may match you with the best volunteer position for you.

General Information:

Print FULL NAME: _____ Email: _____

Address: _____

Alternate Address: _____
(Please include mailing address if different) Street City State Zip

Phone: _____ (home) _____ (work) _____ (cell/alt)
 (*) Preferred to be contacted by: [] phone (home / work / cell) [] email [] other _____

In case of emergency contact: _____ Telephone: _____

Parent/Guardian (If under 18): _____ Date of Birth: _____

(Complete if Applicable)

Name of School you are currently attending: _____ Grade/Level: _____

Employer: _____ Position: _____

Supervisor/Administrative Contact: _____ Phone: _____

Please list any current and previous volunteer experience: _____

Skills & Interests:

Please list skills, training, and interests that may be beneficial as you volunteer:

Please share any hobbies and interest you have:

Is there a type of volunteer work you are interested in or prefer?

Availability:

Ideal start date: _____ Length of volunteer term: _____

Ideal # of hours/hours per week volunteering: _____

Please Circle All That Apply:

I am interested in volunteering on a regular basis for: one semester at least one year

I am interested in volunteering for one-time events or activities

Days available: Sunday Monday Tuesday Wednesday Thursday Friday Saturday Various

Preferred time of day: Mornings Lunch Hour Afternoons Evenings Weekends

References

	Family Reference	Friend Reference	Employer Reference
Name			
Address			
City /State /Zip Code			
Phone			
Relationship			
E-mail			

I, _____ acknowledge that if accepted as a volunteer, I agree to abide by the rules and regulations of Partners for Otoe County. I have not been convicted of any felony or misdemeanor classified as an offense against a person or family, or public indecency, or a violation involving a state or federally controlled substance. I am not currently under indictment. I give permission for Partners for Otoe County to check references and conduct a background check through the Nebraska Child/Adult Abuse Registry. Further, I hereby fully discharge People United for Families d/b/a Partners for Otoe County 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 program. I understand Partners for Otoe County reserves the right to deny acceptance to any volunteer and to terminate a volunteer from the program. I have read the above statements and agree to the contents. To the best of my knowledge and belief, all statements in my application are true and accurate.

_____ (Applicant Signature) _____ (Date)