



**LATINO CENTER
OF THE MIDLANDS**

FOR OFFICE USE

Volunteer Ref # _____ Date _____

Volunteer Application Form

Thank you for your interest in volunteering with Chicano Awareness Center, Inc. (DBA Latino Center of the Midlands and hereinafter defined as "LCM"). Volunteers play a vital role in our communities. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence under the provisions of the Data Protection Act. Answering the following questions will help us match your volunteer application with a suitable volunteer role. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Mr. Mrs. Miss. Ms. Name: _____

Address: _____ City/Zip Code _____

Telephone: (Home) _____ (Mobile) _____ Birth date: _____
Day/Month/Year

E-Mail: _____

Education (highest level completed)

Elementary School Middle School High School GED College/University Technical/Vocational

What is your current work status?

Full time worker Retired Student
 Part time worker Job seeker

Is there anything on your criminal record that we should be aware of before processing your application?
Yes ___ or No ___ please explain.

LCM requires volunteers working with minors to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with consumers.

I agree to submit to a background screening: Yes ___ or No ___

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Your Skills and Interests

1. Have you ever done any volunteer work before? Yes No
If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. Do you have any particular skills or qualifications that you could use in your voluntary work?

4. What is your primary motivation for volunteering? (Select all that apply)

- Help others/give back to community
- Personal satisfaction
- To be active/keep busy
- Use skills/learn new skills
- Gain work experience/reference
- Social interaction
- Build confidence/self-esteem
- Make a difference
- Practice Spanish
- School/College
- Organization
- For Probation

5. Which of the following volunteering positions do you want to apply for?

- Clerical/Front desk
- Teach a class
- Providing tutoring for youth/adults
- Building/Repair
- Fundraising
- Data entry
- Special Events
- Marketing/Advertising

6. How often could you spare your time to volunteer with us?

- Once a week
- Once a month
- One time
- Other

7. When are you available for voluntary work? Very Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

8. How long do you intend to volunteer for? or number of hours that need to be completed: _____
(Note that some opportunities demand a minimum time commitment)

9. Do you have any condition or circumstance that would affect the sort of volunteer work you choose?

- Yes No. If is yes, please tell us about the special accommodations that you need:

10. How did you find out about volunteering with LCM?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Information / Outreach meeting <input type="checkbox"/> LCM Website <input type="checkbox"/> United Way <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Special event | <ul style="list-style-type: none"> <input type="checkbox"/> Other _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Board member <input type="checkbox"/> Radio / Television / Newspaper |
|--|---|

Equal Opportunities

LCM is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability or, age. LCM fully endorses a working environment free from discrimination and harassment.

References List two people, not related to you who have knowledge of your qualifications.

1.
Name: _____ Relationship: _____
Place of Work: _____ Position: _____
(If applicable)
Telephone: (Home) _____ (Mobile) _____
E-Mail: _____

2.
Name: _____ Relationship: _____
Place of Work: _____ Position: _____
(If applicable)
Telephone: (Home) _____ (Mobile) _____
E-Mail: _____

To learn more about the LCM, please visit our website www.latinocenterofthemidlands.org or follow us on facebook.com/latinocenterofthemidlands

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true.

Signed _____ Date _____

PARTICIPATION AGREEMENT & MEDIA RELEASE AUTHORIZATION (18 years of age or older)

I, _____, do hereby give permission for LCM to use any images taken of me for publication including but not limited to print, digital and social media. I release LCM, its employees and representatives from any and all claims or liability arising out of this participation. I also agree to abide by the LCM policies and procedures during my volunteer participation at the organization.

Signature

Date

PARTICIPATION AGREEMENT & MEDIA RELEASE AUTHORIZATION (Parent/Guardian authorization required if under 18 years of age)

I, _____, as the parent/guardian of _____, give permission for _____ to participate in volunteer activities at LCM. The LCM may use any images taken of him/her for publication including but not limited to print, digital and social media. He/she also agrees to abide by LCM policies and procedures during his/her volunteer participation at the organization. I release LCM, its employees and representatives from any and all claims or liability arising out of this participation.

Signature

Date

For office use only	Notes
Volunteer Position _____	_____
Volunteer Interview _____	_____
Volunteer Role Description sent _____	_____
References Collected _____	_____
Volunteer Start Date _____	_____

BACKGROUND CHECK

As a volunteer for LCM, I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the onsite manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against LCM, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for LCM. Further, I agree that LCM is not liable for any damage to my property or my dependent's property resulting from volunteer work for Latino Center of the Midlands. I agree that this release is as broad and inclusive as permitted by the laws of the State of Nebraska.

Volunteer Signature: _____

Date: _____