

Northeast Family Center Volunteer Application

-MUST COMPLETE ALL 3 PAGES FOR CONSIDERATION-

DATE _____ HOURS DESIRED _____ COMPLETION DATE (or ongoing) _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE/ZIP

PHONE 1 _____ PHONE 2 _____ EMAIL _____

OCCUPATION _____ EMPLOYER _____

EDUCATION COMPLETED _____ DO YOU HAVE TRANSPORTATION _____

PREVIOUS VOLUNTEER EXPERIENCE _____

EMERGENCY CONTACT _____
NAME PHONE NUMBER(S)

TIMES AVAILABLE FOR VOLUNTEERING:

Days of Week _____ Time of Day _____

PHYSICAL LIMITATIONS (Please specify, if any) _____

CHECK ACTIVITIES YOU WOULD BE INTERESTED IN WORKING WITH:

____ Clerical ____ Custodial ____ Childcare ____ Academy of Rock ____ Afterschool Programs

____ Food Distribution ____ Other (please describe): _____

Office Use Only

Background check completed: Staff: _____ Date: _____

Applicant Interviewed/Placed: Staff: _____ Date: _____

Notes:



Feels Like Family

This form is may be completed online, printed and mailed to this office

FELONY/MISDEMEANOR STATEMENT
Nebraska Department of Health and Human Services
Regulation and Licensure (Child Care Licensing Program)



This form is to be completed by all providers, household members, substitutes, volunteers, licensees, directors, teachers, assistant teachers and all support staff, age 19 and older, at initial licensing AND whenever there have been changes in staff or household composition AND whenever an application is submitted.

This statement MUST include all law enforcement contacts regardless of prosecution. List details, dates and county of disposition (i.e., parole, probation, incarceration, fine, community service, etc.) from the age of 19 to the date this document is signed. Law enforcement records may be obtained and reviewed to determine the accuracy of this statement.

For each statement, if you have had NO law enforcement contacts, write "NONE"

My record of felony and/or misdemeanor **arrests** related to **crimes against children** include: _____

My record of misdemeanor **tickets**, other than minor traffic violations include: _____

My record of felony and/or misdemeanor **convictions** include: _____

Pending criminal charge(s) include: _____

My current parole or probation status is: _____

Law enforcement contacts regardless of prosecution include: _____

Signature _____ Date of Birth _____ Relationship to Facility _____

Print Full Name _____ Other Names Used (previous married, maiden, alias, nicknames) _____

Name of Provider/Facility _____ Telephone Number _____ Date _____

Failure to provide accurate and complete information may result in disciplinary action against the applicant or licensee.
FOR FCCHI ONLY - Distribution: WHITE - Central Office; CANARY - Child Care Licensing; PINK - Provider/Applicant





Division of Public Health

Licensure Unit - Children's Services Licensing
 PO Box 94986 - Lincoln, NE 68509-4986
 Fax: 402-471-7763

**AUTHORIZATION FOR RELEASE OF INFORMATION FORM
 for Child Care Centers and Preschools**

Child Care Center and Preschool personnel (applicant, licensee, director, regularly identified substitute, and staff including teachers, assistant teachers and all support staff) listed on a license application for initial, renewal, and/or amendment licensure shall be screened against the Child Abuse/Neglect Register and the Nebraska Adult Protective Services Central Registry by the Department BEFORE issuing a license. *New candidates being considered for employment in a Child Care Center and/or Preschool must be screened against the same Register/Registry BEFORE being hired.*

Employee applicant: Date of Interview _____ Volunteer applicant: Planned Start Date _____

| | |
|----------------------------|-------------------------|
| Facility Name: _____ | |
| Address (site/mail): _____ | Area Code/Phone#: _____ |
| City/State/Zip: _____ | Fax Number: _____ |

The Department needs your permission to check the Nebraska Child Abuse/Neglect Register and the Nebraska Adult Protective Services Central Registry to confirm that your name does not appear.

I authorize Nebraska Department of Health and Human Services to release information from the Child Abuse/Neglect Register **AND** the Nebraska Adult Protective Services Central Registry pertaining to me to the above named facility. The Department may state if my name appears or does not appear on the registers and may use information obtained for licensing determinations.

The submission of Social Security Numbers is voluntary; however, they are requested for the purpose of expediting the process of conducting the required background checks. Social Security Numbers will not be released without the individual's consent except as required by law. This authorization is valid as long as the person is a director, teacher, assistant teacher, support staff, household member, substitute, volunteer and/or helper for the child care facility and address named above, unless this authorization is revoked in writing.

Note: All persons under the age of nineteen years of age are minors; therefore, Releases completed by those individuals between the ages of 13 to 19 years of age must also be signed by the Parent and/or Guardian of said minor. *(In case any person under the age of nineteen years of age is married, he/she is no longer a "minor" and the signature of the parent and/or guardian is not required.)*

| | |
|---|--|
| ▲ Applicant Current Name (First, Middle, Last, Suffix (Jr/Sr/II/III)) _____ | ▲ Social Security Number _____ |
| ▲ Other Names (Marriages/Maiden/Alias/Nicknames. If none write NONE) _____ | ▲ Date of Birth _____ |
| ▲ Applicant Signature and Date of signature _____ | ▲ Parent/Guardian signature and Date (when applicable) _____ |

▼ ADDRESS HISTORY: Provide 20 years of history. Begin with current address, include Street, City, State, and Date moved to and away from each address (mm/yy - mm/yy).

| DATES | STREET ADDRESSES | CITY & STATE |
|-------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

▼ CHILDREN: Full Names and Date of Birth of own children. If you have no children, write NONE.

| FULL NAME | DATE OF BIRTH |
|-----------|---------------|
| | |
| | |
| | |
| | |

DHHS/CSL Office Use Only