



5017 Leavenworth Street, Suite 103  
 Omaha NE 68106-1438  
 Phone: (402) 884-6641  
 Fax: (402) 932-1995  
[ccady.oma@littlebrothers.org](mailto:ccady.oma@littlebrothers.org)

## INITIAL VOLUNTEER APPLICATION

First Name:		Last Name:	
Street Address:		Apt. No.	
City:	State:	Zip:	Email:
Home Phone:		Cell Phone:	
Work Phone:		Fax Number:	
Place of Employment:		Occupation:	
Best Time to Call (check one): <input type="checkbox"/> Day <input type="checkbox"/> Evening		Best Place to Call: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

### REQUIRED INFORMATION FOR DRIVING VOLUNTEERS:

Driver's License Number:	Auto Insurance Company:
Auto Insurance Policy # :	

### EMERGENCY CONTACT:

Emergency Contact Name:	Relationship:	Emergency Contact Number:
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How did you learn of Little Brothers - Friends of the Elderly?
Primary Language Spoken: Other Fluent Language(s):
Please indicate other volunteer work which you are currently carrying out or have performed in the past:

**LBFE OMAHA VOLUNTEER OPPORTUNITIES**

*Please check all of the following opportunities in which you are interested:*

Visiting	Driving	Holidays & Events
<input type="checkbox"/> I would like to be a telephone support volunteer  <input type="checkbox"/> I would like to be a direct service and visiting volunteer  <input type="checkbox"/> I would like to be a matched visiting volunteer (minimum 1 year commitment required)	<input type="checkbox"/> I would like to drive for LBFE functions. My car is: <input type="checkbox"/> 2 door <input type="checkbox"/> 4 door and <input type="checkbox"/> can <input type="checkbox"/> cannot  accommodate a folding wheelchair	I would like to work in: <input type="checkbox"/> Cooking/Kitchen Help <input type="checkbox"/> Set-up (e.g., decorate, set tables) <input type="checkbox"/> Clean-up <input type="checkbox"/> Meal delivery and visit <input type="checkbox"/> Gifts (help get and/or wrap) <input type="checkbox"/> Miscellaneous errand-running <input type="checkbox"/> Photography

Computer	Administrative Support	Committee Membership
I have interest in: <input type="checkbox"/> Data entry <input type="checkbox"/> Desktop publishing <input type="checkbox"/> Web maintenance <input type="checkbox"/> Technical expertise <input type="checkbox"/> Other (please specify _____)	I have interest in: <input type="checkbox"/> Office and Clerical work <input type="checkbox"/> Mailings <input type="checkbox"/> Telephoning	I have interest in: <input type="checkbox"/> Fundraising <input type="checkbox"/> PR / Marketing <input type="checkbox"/> Program Development

Please indicate any other expertise you would like to share in volunteering (e.g., photography, baking, piano, carpentry, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY**

*Please check all that apply*

<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekday Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Holidays
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**REFERENCES**

*Please provide information for TWO professional (i.e., supervisor, clergy, co-worker, etc.) and ONE personal (non-family) references that have known you for at least two years. (Applicant will also need to complete and sign three Reference Check Forms.)*

Name:	Relationship:
Day Phone Number ( )	Evening Phone Number ( )
Name:	Relationship:
Day Phone Number ( )	Evening Phone Number ( )
Name:	Relationship:
Day Phone Number ( )	Evening Phone Number ( )

*Please note: Little Brothers - Friends of the Elderly will conduct a criminal background check of all volunteer applicants who will be working with the elderly.*



5017 Leavenworth Street • Ste. 103 • Omaha NE 68106-1438 • VOICE: 402 8846641 • FAX: 402 9321995  
<http://omaha.littlebrothers.org>

### CONSENT TO BACKGROUND CHECK

For the safety of the elderly we serve, Little Brothers - Friends of the Elderly (LBFE) conducts criminal background and driving record checks on all volunteer and staff applicants.

I, \_\_\_\_\_, hereby give my consent to LBFE to conduct a criminal background and driving record check to determine my qualifications using my social security number. I understand that this information will remain confidential and will not be shared with anyone outside of the LBFE organization.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Date

### CRIMINAL HISTORY REQUESTED FOR:

(PLEASE PRINT CLEARLY)

Name (Last)	(First)	(MI)	Date of Birth	Date of Request
_____	_____	_____	____/____/____	____/____/____
Current Address (Street)	City	State	Zip	Social Security Number
_____	_____	_____	_____	____ - ____ - _____
Any Other Name(s) Used, Previous Married, Maiden (Last,First,MI)	Driver's License Number		State Issued	
_____	_____		_____	
Previous Address (Street)	City	State	Zip	Period at this address (years)
_____	_____	_____	_____	____ From ____ To ____
Previous Address (Street)	City	State	Zip	Period at this address (years)
_____	_____	_____	_____	____ From ____ To ____



## VOLUNTEER APPLICANT APPLICATION FORM

The undersigned applicant has applied to volunteer with Little Brothers - Friends of the Elderly, Omaha Chapter.

He/she has listed you as a reference. We appreciate the value of your time very much and thank you in advance for considering this request at your earliest convenience.

Please complete and return this form within seven (7) days to:

LBFE National Headquarters  
28 E Jackson Blvd., Suite 405  
Chicago, IL 60604

If you have any questions, please contact us at (312) 786-1032

### TO BE COMPLETED BY APPLICANT

#### APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name \_\_\_\_\_ (Please Print)

I have applied for volunteer service with Little Brothers - Friends of the Elderly (LBFE), Omaha Chapter, and have listed your name as one of my references. I hereby give my permission for you to release the information requested by LBFE. Thank you for your consideration.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**NAME OF REFERENCE:** \_\_\_\_\_

**ADDRESS OF REFERENCE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

### TO BE COMPLETED BY REFERENCE

Please complete the questions below and on the reverse side. Because LBFE can only select volunteers who will serve the elderly friends well, we appreciate your full and complete responses and additional commentary.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant?

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Please check your answers to the items below:

Trait	Poor	Fair	Average	Above Average	Excellent	Cannot Evaluate (Don't Know)
Ability to work independently						
Ability to get along with others						
Listening skills						
Reliability						
Creativity						
Honesty						
Ability to work with different racial / ethnic groups						
Flexibility						
Judgment						
Responsibility and follow-through						
Ability to learn						
Decision-making						
Time management						
Driving skills						

What do you consider to be this applicant's greatest strengths?

What, if any, are weaknesses that would prevent this applicant from working well as a volunteer for LBFE?

Please check one:

- I recommend this applicant without reservation  
 I recommend this applicant with some reservation  
 I do not recommend this applicant.

OTHER COMMENTS:

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Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

VOLUNTEER APPLICANT APPLICATION FORM



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OTHER COMMENTS:

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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**NAME OF REFERENCE:** \_\_\_\_\_

**ADDRESS OF REFERENCE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

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