

**INDIVIDUAL OR GROUP LEADER APPLICATION  
FOR VOLUNTEER WORK**

**Lincoln Parks & Recreation Department**

2740 A Street, Lincoln, NE 68502 Phone: 402-441-7847 or Fax: 402-441-8706



<b>Instructions: Print or Type Responses</b>		<b>Mark with "X" where appropriate</b>	
Name: <i>(first, middle initial, last)</i> _____	Phones: Day: _____ Evening: _____ E-mail: _____		
Date of Birth: _____	If Group Leader, name of Group _____		
Street Address: <i>(include apartment number)</i> _____	City: _____	State: _____	Zip: _____
Please indicate if you are volunteering for a specific reason Estimate Volunteer Hours per Month _____ <input type="checkbox"/> Citizenship Issues <input type="checkbox"/> Diversion Services <input type="checkbox"/> Court Appointed <input type="checkbox"/> Class Requirement <input type="checkbox"/> Other: _____ Counselor/Instructor: _____ Phone: _____ E-mail address: _____ Total Volunteer Hours Required: _____			
What type of work are you interested in? <i>(Note your specific interest in that area.)</i> <input type="checkbox"/> Parks and Trails _____ <input type="checkbox"/> Public Gardens _____ <input type="checkbox"/> Pioneers Park Nature Center _____ <input type="checkbox"/> Hyde Observatory _____ <input type="checkbox"/> Recreation _____ <input type="checkbox"/> Team Sports _____ <input type="checkbox"/> Public Pools _____ <input type="checkbox"/> Events _____			
Individual's Availability: Hours desired per Day _____ Week _____ Month _____ Weekdays: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekends: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			
Reference: Please list one reference (not a relative) who is able to supply information about you. Name: _____ Address _____ Phone _____			
Have you ever been convicted for a violation of law other than a minor traffic violation? <i>(If yes, explain)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes _____			

**Please read and sign:** I have read the above application and completed it to the best of my knowledge. If I am chosen for the position of volunteer, I hereby take on the responsibility of adhering to my work schedule and understand that any unauthorized absence will result in my being replaced. I further understand that any false or misleading statements will be cause for rejection of this application or for dismissal after appointment. I authorize and request any reference to answer any and all questions that may be asked, and here with to hold such persons harmless for giving all information within their knowledge or record.

*My signature indicates that I also have read and understand the Waiver and Release of All Claims on the back of this form.*

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of parent or legal guardian if applicant is under 19 years old \_\_\_\_\_

I agree to allow my information to be shared with The Lincoln Parks Foundation  YES  NO

**WAIVER AND RELEASE OF ALL CLAIMS  
FOR CITY OF LINCOLN, NEBRASKA VOLUNTEERS**

Please read this form carefully and be aware that in volunteering you will be waiving and releasing all claims for injuries you might sustain arising out of this participation.

As a volunteer in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of participation in this program. I have read and understand the above Waiver and Release of All Claims.

# ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24148 Omaha, NE 68124  
(P) 800.608.3645 • (P) 402.933.9999 • (F) 402.333.3280

## APPLICANT RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials credit and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

***I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.***

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

### PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) LAST NAME: FIRST NAME: MIDDLE INITIAL (REQUIRED)

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S):

HOME ADDRESS: CITY: STATE: ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH (REQUIRED)

DRIVERS LICENSE # STATE OF ISSUE NAME AS IT APPEARS ON LICENSE

**OTHER ADDRESSES IF LESS THAN 7 YEARS AT HOME ADDRESS:  
(USE BACK OF SHEET FOR ADDITIONAL ADDRESSES)**

ADDRESS: CITY: STATE: ZIP CODE:

ADDRESS: CITY: STATE: ZIP CODE:

**I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE**

SIGNATURE OF APPLICANT:

NAME OF APPLICANT (PLEASE PRINT):

DATE:



**AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY**

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: \_\_\_\_\_  
**Please do not use abbreviations**

Address and Phone Number: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal History Check Application**

**TO BE COMPLETED BY THE APPLICANT:** (Use Black Ink)

**CRIMINAL HISTORY CHECKS** will be conducted on the top applicants through law enforcement agencies, health & human services agencies, and abuse registries. In order to perform such checks, the following information is required:

*I understand that criminal history checks will be conducted on the top candidates and I agree to provide the following information:*

\_\_\_\_\_  
(Applicant Signature)

Last Name (Please print letters and numbers clearly and legibly) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/19 \_\_\_\_\_  
Date of Birth (Month/ day/ year) Sex Maiden Name (if applicable, or any other legal name(s) by which you have been known)

**Important - Applicants please note the policy below:**

I understand that **ALL convictions** for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving; anything for which you paid a fine) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been "set aside", "probationed" or "pardoned", must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense(s) and the relationship to the position for which you are applying. **Failure to list convictions will be considered falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

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**Instructions to the Interviewing Official:**

Complete this form for each applicant you have selected for hire. **This completed form MUST accompany the applicant's application and Personnel Action form (P.A.). Please Return To: The City/County Personnel Office.**

**Must be completed by the Interviewing Official**

**Employment Fax #: 402-441-8748**

\_\_\_\_\_ Job Applicant \_\_\_\_\_ Volunteer

Is this form a re-submission (due to prior Criminal History omitted from an Application)? Yes \_\_\_\_\_ No \_\_\_\_\_

Dept: \_\_\_\_\_ Div: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Interviewing Official(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Questions regarding this form and/or criminal history check results may be directed to:  
Barb Boggs (441-7519) or Doug Thorpe (441-7531), or by fax: 402-441-8748.

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**For Personnel use only:**

LPD & County Attorney Criminal History Checks Verified: \_\_\_\_\_ (Initials) Date: \_\_\_\_\_

Nebraska State Patrol Sex Offender Registry Verified: \_\_\_\_\_ (Initials) Date: \_\_\_\_\_

One Source Criminal History Checks Verified : \_\_\_\_\_ (Initials) Date: \_\_\_\_\_

ELIGIBLE FOR HIRE \_\_\_\_\_ / ELIGIBLE FOR HIRE, BUT NOT RECOMMENDED \_\_\_\_\_ / NOT ELIGIBLE FOR HIRE \_\_\_\_\_

NOT ALL CONVICTIONS LISTED ON APPLICATION \_\_\_\_\_ / APPLICANT UNDER AGE 16 (no information available) \_\_\_\_\_

Comments: \_\_\_\_\_ County Insurable Yes \_\_\_\_\_ No \_\_\_\_\_