

# Friendship Home

## VOLUNTEER/INTERN APPLICATION

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City State Zip Code

Current Telephone # \_\_\_\_\_ Alternative telephone # \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_  
Street City State Zip Code

Permanent Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever applied and/or volunteered here before?.....  Yes  No  
 If yes, please provide date(s) \_\_\_\_\_

How did you hear about Friendship Home? \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" DOES NOT CONSTITUTE AN AUTOMATIC BAR. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE CONSIDERED.

### EDUCATION

| Education   | School Name/Location | Years Completed | Diploma/ Course of Study |
|-------------|----------------------|-----------------|--------------------------|
| High School |                      | 9 10 11 12      |                          |
| College     |                      | 1 2 3 4         |                          |
| Other       |                      | 1 2 3 4         |                          |

Are you doing volunteer work for school credit?.....  Yes  No  
 H.S.  College

If so, how many hours do you need to complete? \_\_\_\_\_  
 By what date do these hours need to be completed? \_\_\_\_\_

Please tell us any other information you feel would be helpful to us in considering your application. (Skills, talents/hobbies, knowledge, relevant experience, foreign language, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT/ VOLUNTEER EXPERIENCE

Provide the following information of your past experiences- especially those related to children, domestic violence, or women's issues- starting with the most recent.

|                                |    |  |             |
|--------------------------------|----|--|-------------|
| FROM                           | TO | EMPLOYER   | TELEPHONE # |
| SUPERVISOR NAME & TITLE        |    | SUMMARY OF WORK PERFORMED & JOB RESPONSIBILITIES |             |
| MAY WE CONTACT?<br>YES      NO |    |  |             |
| JOB TITLE                      |    | REASON FOR LEAVING                               |             |
| FROM                           | TO | EMPLOYER   | TELEPHONE # |
| SUPERVISOR NAME & TITLE        |    | SUMMARY OF WORK PERFORMED & JOB RESPONSIBILITIES |             |
| MAY WE CONTACT?<br>YES      NO |    |  |             |
| JOB TITLE                      |    | REASON FOR LEAVING                               |             |
| FROM                           | TO | EMPLOYER   | TELEPHONE # |
| SUPERVISOR NAME & TITLE        |    | SUMMARY OF WORK PERFORMED & JOB RESPONSIBILITIES |             |
| MAY WE CONTACT?<br>YES      NO |    |  |             |
| JOB TITLE                      |    | REASON FOR LEAVING                               |             |
| FROM                           | TO | EMPLOYER   | TELEPHONE # |
| SUPERVISOR NAME & TITLE        |    | SUMMARY OF WORK PERFORMED & JOB RESPONSIBILITIES |             |
| MAY WE CONTACT?<br>YES      NO |    |  |             |
| JOB TITLE                      |    | REASON FOR LEAVING                               |             |

**REFERENCES** Please list three (3) references—including above employers, if applicable. Please do not list relatives or friends.

| <i>Name</i> | <i>Phone Number</i> | <i>E-Mail</i> | <i>Relationship</i> |
|-------------|---------------------|---------------|---------------------|
|             |                     |               |                     |
|             |                     |               |                     |
|             |                     |               |                     |

## VOLUNTEER STATEMENT

I wish to donate my services to Friendship Home, and I understand there is no payment for my services rendered to the Volunteer Program. I also understand that Friendship Home may occasionally take photographs of their volunteers and use them for publications and other purposes. I authorize Friendship Home to investigate all statements made in this application and to contact any employer, references, or supervisors of past work/volunteer experiences. I further authorize Friendship Home to perform a police record and driving record check.

I understand that this application is not intended to be a contract. In the event of becoming a volunteer/intern, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# FRIENDSHIP HOME

## Equal Opportunity Employer Voluntary Information Form

Friendship Home considers all applicants without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary basis. The provided information is not for interview purposes or for any hiring decision, will be filed separately from the application, and be kept confidential in accordance with applicable laws and regulations.

In an effort to ensure sound recruiting and hiring practices, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source**

- Employee                                       Volunteer                                       Relative  
 Nebraska Job Service                       School: \_\_\_\_\_  
 Advertisement — Source \_\_\_\_\_       Other \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last                                      First                                      MI

Address: \_\_\_\_\_  Male     Female  
Street                                      City                                      State                                      Zip

- Of the following Equal Employment Opportunity Identification Groups, check all that apply:**
- White (not of Hispanic origin)     Hispanic/Latino-white                       Pacific Islanders-native Hawaiian  
 American Indian/Alaskan Native     Hispanic/Latino-all other races                       Other  
 Black (not of Hispanic origin)     Asian

Friendship Home will take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and Vietnam Era Veterans Readjustment Act of 1974. **If you wish to be identified as qualified for such placement or accommodations, please check where applicable.**

- Vietnam Era Veteran                       Disabled Veteran                       Individual with a Disability

**For Administrative Use Only**

Hired:  No     Yes    Position(s) considered for: \_\_\_\_\_

Position hired for: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT'S Disclosure & Consent RELEASE OF INFORMATION**

**APPLICANT INFORMATION (Please Print)**

|  |                                   |
|--|-----------------------------------|
| Applicant Name: (First Middle Last)                                  | Current Address: (street address) |
| Other Name(s) Used: (like Maiden)                                    | City: State: Zip:                 |
| Social Security Number:  | Former Address: (1)               |
| Sex: Race:   | City: State: Zip:                 |
| Driver's License No.: State of Issue:                                | Former Address: (2)               |
| Month, Day and Year of Birth: Place of Birth: (City, State, Country) | City: State: Zip:                 |

**Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.**

**DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.**

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in North Carolina or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

**CONSENT STATEMENT**

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge This company, our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY:**  By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name Typed or Printed



**Fax to (910) 693-1785**



**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.**

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

**FRIENDSHIP HOME**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize Friendship Home, through its employees or other authorized representatives, to release the following information about me (check the box that applies):

- Any and all information in any form regarding my internship or other educational activities at the Friendship Home, including, but not limited to, records and evaluations
- Any and all information in any form regarding my volunteer activities at the Friendship Home
- Other (please specify) \_\_\_\_\_

This information will be released to the following person(s) or entity(ies) (including the entity's(ies') authorized representatives):

|               |               |
|---------------|---------------|
| Name _____    | Name _____    |
| Address _____ | Address _____ |
| _____         | _____         |

I hereby irrevocably and unconditionally release, forever discharge and covenant not to sue Friendship Home, its employees and other representatives from any and all liability, claims, demands, rights, damages, or causes of action arising out of or in connection with the release of this information.

This authorization shall remain effective for [6 months/one year] or until revoked by me in a written revocation delivered to Friendship Home. If I revoke this authorization it will have no effect on actions already taken in reliance on this form. I have read and understand this form.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness \_\_\_\_\_

Printed Name \_\_\_\_\_