

WORK EXPERIENCE

Current/Previous Employer _____ Dates Employed _____

Position with Company _____

Skills that may benefit the volunteer program

Supervisor _____

May we contact this employer? Yes ____ No ____

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PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Relationship _____

PROFESSIONAL REFERENCES

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

THE FOLLOWING QUESTIONS ARE REQUIRED AS PART OF OUR APPLICATION PROCESS

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____

Date convicted: _____ If yes, please explain

A conviction record will not necessarily disqualify you from volunteer opportunities. The circumstances of the conviction(s) will be considered in relation to the nature and duties of your desired volunteer position.

Do you have a record of founded child or dependent adult abuse, or have you ever been convicted of a crime, in this state, or any other state? Yes ____ No ____

If yes, please explain

**THANK YOU FOR YOUR INTEREST IN THE NEBRASKA CANCER SPECIALISTS
HOPE FOUNDATION VOLUNTEER PROGRAM.**

I understand that as a volunteer, I am expected to respect patient rights and confidentiality. I am not to share anything I see or hear to anyone inside or outside of the clinic. Any unauthorized disclosure of such information could render Nebraska Cancer Specialists liable for damages. Anything you see, hear or read is private and can't be repeated.

I understand that any false or incomplete statements on this application or any other forms that I complete shall be sufficient cause for rejection for volunteer service or immediate discharge from volunteer service when discovered. I understand that this application is not a contract of volunteering service. I understand if I am offered a volunteering opportunity, it will be contingent on successfully passing a post-offer references and criminal background check, Adult and Child Abuse Registry background check and Office of Inspector General check.

Signature _____ Date _____

PLEASE RETURN ALL APPLICATIONS TO

Kelly Horn, Physician Liaison or
Colleen Kavan, Volunteer Coordinator
Nebraska Cancer Specialists
17201 Wright Street
Omaha NE 68130

For more information, contact the NCS HOPE Foundation at 402.691.5250.