



## HOPE FOUNDATION VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Position Volunteering for:**     Clinic     Movement for Longevity Instructor/Substitute

### LOCATION PREFERENCE

- Bergan                                       Papillion                                       Grand Island
- Legacy     Fremont     Hastings

How did you hear about our volunteer opportunities?  
\_\_\_\_\_

Did someone refer you to the NCS Volunteer Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who? \_\_\_\_\_

### AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

\*\*Minimum requirement is one 3-hour shift per week

### VOLUNTEER HISTORY

Have you volunteered at another organization(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list organizations  
\_\_\_\_\_  
\_\_\_\_\_

Responsibilities included  
\_\_\_\_\_

**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 \_\_\_\_

Current/Previous Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Position with Company \_\_\_\_\_

Skills that may benefit the volunteer program \_\_\_\_\_

Supervisor \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

**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 MAIL OR EMAIL ALL APPLICATIONS TO**

Kelly Horn, Director of Marketing and Community Outreach  
Nebraska Cancer Specialists  
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Omaha NE 68130  
khorn@nebraskacancer.com

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