Nebraska Office of Women's and Men's Health
(402)471-0158 or (877)257-0073 www.dhhs.ne.gov/womenshealth

Every Woman Matters
Nebraska Office of Women's Health

Print completed form and mail to:
Attn: Mary Lentini
DHHS Office of Women's and Men's Health
PO Box 94817
Lincoln, NE 68509-4817
We will contact you after reviewing your application.

Volunteer/Intern Application Form

Print Form

Date

First Name **MI** **Last Name** **Date of Birth** (optional, unless under 18 yrs of age)

Address **Home Phone**

City **State** **Zip Code** **Work Phone**

Email Preferred Contact : ☐ Email ☐ Phone **Cell Phone**

Education

Highest Grade Completed

Highest College Level Completed

College Major

College Minor

Current Working Status

☐ **Employed** ☐ **Self-Employed**

Employer **Type of Business**

☐ **Unemployed** ☐ **Retired** **Student** ☐ **HS** ☐ **College**

Have you volunteered or worked for Health and Human Services before? ☐ **Yes** ☐ **No**

If yes, when, where and what did you do?

How did you learn about our Volunteer Services Program

Work Experience

Volunteer Experience

Fluency in foreign language ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Sign Other

Reason for volunteering
(for volunteers only)

☐ **Community Service**

Hrs needed

Complete by

Other

Areas of interest

Internship
(for interns only)

Hrs needed **Complete by**

Intern Coordinator or Faculty Advisory Name

Phone

Goals/ Objectives

Preceptor/ Mentoring Requirements

Have you ever been convicted of a felony?

☐ Yes

☐ No

If Yes, please explain

Availability

Sun.	Mon.	Tues.	Wed.	Thur	Fri.	Sat.
☐ Morn	☐ Morn	☐ Morn	☐ Morn	☐ Morn	☐ Morn	☐ Morn
☐ After	☐ After	☐ After	☐ After	☐ After	☐ After	☐ After
☐ Even	☐ Even	☐ Even	☐ Even	☐ Even	☐ Even	☐ Even

Emergency Contact

Name _____ Phone Number _____

Transportation ☐ Car ☐ Bus ☐ Walk ☐ Other

Driver's License _____

Insurance Co. _____

References

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Signed By _____ Date _____

I understand that any false information in this application will be sufficient reason for rejection of my application.

Signature of parent or guardian
if applicant is under age 19 _____ Date _____

For Office Use Only - Not to be completed by applicant.

Select the background checks appropriate for the position. Date and initial when checks completed, and by whom.

Background Checks

☐ APS

☐ CPS

☐ Law Enforcemet

☐ NCIC (Highway Patrol $10 charge

☐ City Police

☐ County Sheriff

☐ Motor Vehicle

☐ Sex Offenders Registry

Copies on File

☐ Confidentiality

☐ Release of Information

☐ Driver's License

☐ Car Insurance

Name of Interviewer _____ Date of Interview _____

Volunteer preferences (Refer to job description when applicable) _____

Comments on experience and skills _____

Comments _____

Supervisor _____ Start Date _____ Work schedule _____