



Volunteer Information Form

Applicant

Name _____
(Last) (First) (Mr./Mrs./Ms./Dr.)

Address _____
(Street) (City) (Zip code)

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____ Date of Birth _____

Preferred method of contact:
 Email US Mail Phone

Are you an insured motorist in the State of Nebraska?
 Yes No

How did you learn about VAS? _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Address _____

Physician name _____ Phone _____

Education

Highest level attained _____ Area(s) of specialization _____

Volunteer Experience

Organization _____ Dates _____ to _____

Volunteer duties _____

Skills used _____

Organization _____ Dates _____ to _____

Volunteer duties _____

Skills used _____

Work Experience

Employer _____ Dates _____ to _____

Position held _____

Special skills (accounting, customer service, presenting, writing...) _____

Employer _____ Dates _____ to _____

Position held _____

Special skills (accounting, customer service, presenting, writing...) _____

VAS Volunteer Commitment

How many hours can you volunteer at VAS? ___hours [] per week [] per month

How long can you volunteer? [] 6 months [] 12 months [] more than 12 months

I, _____, agree to fulfill the obligations of a VAS volunteer (attending scheduled meetings, scheduled training sessions and training updates, and some events). I understand that I am responsible for my own transportation. I understand that, based on the completion of this volunteer disclaimer form, the screening process, and volunteer training and orientation, the Program Coordinator reserves the right to determine who will be approved as a volunteer. I agree that everything I stated on this form is true.

VAS Applicant_____
Date_____
Executive Director/Program Coordinator_____
Date**For VAS Office Use**

___ Insurance Counseling

___ Court Record Auditing

___ Special Events & Fundraising

___ Community Education

___ Home Exemption Counseling

___ Volunteer Recruitment

___ Conservator

VAS training dates _____
