



2723 Q Street
 Omaha, NE 68107
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VOLUNTEER APPLICATION

Name (first / last):	Date:
Street Address:	Primary Phone (circle one): Home Work Cell
City/State/Zip:	Secondary Phone (circle one): Home Work Cell
Email Address:	Please add me to your email list: <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date:	Age:

How did you hear about volunteer opportunities at the Stephen Center?

AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight 10pm-6am							

VOLUNTEER INTERESTS

What do you hope to gain from your volunteer experience at the Stephen Center?

COMMUNITY SERVICE

Are you required to volunteer? Yes No

If yes, please circle one: Service Learning (for school) Community Service (Diversion)

If Community Service, please note the pending charge: _____

Number of Hours Needed: _____ Date to be completed: _____

VOLUNTEER OPPORTUNITIES

Please check all volunteer opportunities that interest you. If there is any area that you have experience and/or skill in, please make a note next to the category. Stephen Center will do everything possible to accommodate your volunteer interests, however we ask for flexibility and adaptability from our volunteers in their placement.

Building and Yard Maintenance

- Landscape needs
- Mowing/snow removal

Cleaning & Organization

- General cleaning and organizing of space in the shelter

Front Door Host

- Answer Front Door
- Assisting residents

Donations

- Sort and inventory donations
- Organize donation drives

Receptionist

- Greet visitors
- Answer phones

Thrift Store

- Cleaning, sorting, organizing

Kitchen

- Cleaning
- Sorting donations

Client Services

- Arts & Crafts
- Sports/Physical activities
- Employment/Educational
- Health, Fitness & Nutrition
- Life Skills
- Parenting Class

Overnight

- Assist residents with overnight concerns

Shelter Office

- Answer phones
- Assist with client intake paperwork
- Filing, special projects

EXPERIENCE

Have you ever worked with individuals involved and/or experiencing any of the following issues or circumstances? (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Abuse/Use | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Drug Abuse/Use | <input type="checkbox"/> Lack of Education |
| <input type="checkbox"/> Child Abuse & Neglect | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Unemployment |

Please list any languages you are fluent in other than English? _____

PHYSICAL LIMITATIONS

Do you have any physical conditions that limit your volunteerism? YES NO

If "YES", please explain: _____

EMERGENCY INFORMATION

In case of emergency, contact:

Name (first / last):	Relationship:
Primary Phone (circle one): Home Work Cell	Secondary Phone (circle one): Home Work Cell

To the best of your knowledge, do you have any friends or family members who are currently employed by, volunteering for or residing at the Stephen Center? YES NO

Name:	Relationship to you:	Employee, Client, Volunteer, Board of Director Member:
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Do you have any criminal convictions (other than parking violations and/or juvenile offenses?)

YES NO

If "YES", please explain (Conviction will not automatically bar you from volunteering, Relevance to assignment will be considered): _____

Please sign and return to the Volunteer Director. You will be contacted to further discuss your interest. Thank you!

Signature: _____ Date _____