



## Volunteer Application

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

• How did you learn about the volunteer program at the Lincoln Children's Museum?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Why are you interested in volunteering at the Lincoln Children's Museum?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Are you volunteering to fulfill a requirement?  Yes  No

If yes, please explain: \_\_\_\_\_

How many hours will fulfill your requirement? \_\_\_\_\_

When are your hours due to be completed? \_\_\_\_\_

• If you are volunteering for diversion, what current charges are you volunteering to fulfill a requirement for?

\_\_\_\_\_

• What is your availability? \*Please inquire about Mondays we are open\*

Mon.          Tues.          Wed.          Thurs.          Fri.          Sat.          Sun.

\_\_\_\_\_

Museum hours are TWFS from 9:30 am to 5 pm; TR 9:30 am to 7:30 pm, and Sundays 1 to 5 pm. Hours for special events may vary. Night hours are not available unless there is a scheduled overnight.

• Please list other volunteer experiences: \_\_\_\_\_

• List any special skills, interests, or language skills: \_\_\_\_\_

\_\_\_\_\_

• If you are attending a college, what is your field of study? \_\_\_\_\_

Name of the school, university or college you are attending. \_\_\_\_\_

• Have you ever been convicted of a violation of the law other than a minor traffic violation?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

• Who should Lincoln Children's Museum notify in case of an emergency?

\_\_\_\_\_  
Name/ relationship to you

\_\_\_\_\_  
Phone number

**Volunteer Statement:**

I wish to volunteer my services to the Lincoln Children's Museum and understand there is no payment for services rendered as a volunteer. I give Lincoln Children's Museum permission to photograph me for publication or other uses.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my immediate release, regardless of when discovered. I grant permission to the Lincoln Children's Museum to investigate all statements made in this application, and other records to verify the information I have provided on this application and /or any additional information I have provided and release the Lincoln Children's Museum from any liability resulting from such investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We request your cooperation in completing the following optional information, which will be retained by the Volunteer Coordinator and used for appropriate statistics and reports. Names will not be used.

\_\_\_\_\_ Female      \_\_\_\_\_ Male

\_\_\_\_\_ W (not of Hispanic origin) Persons having origins in any of the original peoples of Europe/North Africa/Middle East

\_\_\_\_\_ B (not of Hispanic origin) All persons having origins in any of the black racial groups of Africa

\_\_\_\_\_ H (Hispanic) All persons of Mexican/ Puerto Rican/Cuban/Central or South American or other Spanish culture or origin regardless of race.

\_\_\_\_\_ I (American Indian or Alaskan Native). All persons having origins in any of the peoples of North America and who maintain cultural identification through tribal affiliation or community recognition

\_\_\_\_\_ A (Asian or Pacific Islanders) All persons having origins in any of the original peoples of the Far East/Southeast Asia/the Indian Subcontinent or Pacific Islands. For example China/Japan/Korea/Philippine Islands/Samoa.

Do you have a physical or mental disability? \_\_\_\_\_ Yes      \_\_\_\_\_ No

The Lincoln Children's Museum prohibits discrimination on the basis of gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin. Federal law requires reasonable accommodation of the known disabilities of applicants, unless to do so would pose an undue hardship. If you need an accommodation in order to complete the application process, please notify us.

The Lincoln Children's Museum is an equal opportunity/affirmative action employer.  
If you require an accommodation under the ADA, please call the Personnel Manager.

NOTE: Museum hours are TWFS from 9:30 am to 5 pm; TR 9:30 am to 7:30 pm, and Sundays 1 to 5 pm. Hours for special events may vary. Night hours are not available unless there is a scheduled overnight.



# Division of Children and Family Services

State of Nebraska  
Dave Heineman, Governor

## AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

**The State of Nebraska approved this form, any alteration will invalidate it.**

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

**Agency Name/ Fax: Lincoln Children's Museum/ 402-477-2004**

**Please do not use abbreviations**

**Address and Phone Number: 1420 P Street, Lincoln NE 68508/ 402-477-4000**

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

**Print Full Legal Name: (applicant)** \_\_\_\_\_

\_\_\_\_\_  
**Signature (applicant)** **Date**

**Current Address:** \_\_\_\_\_  
**(Street/City/State/Zip)**

\_\_\_\_\_  
**Applicant Date of Birth** **Applicant Social Security Number**

**Other names previously used such as former married names, maiden name and nick names. Please Print.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names and birth dates of your children and children who have lived with you. Please Print.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Address at which you have resided during the past 20 years. Please Print.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_