

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
VOLUNTEER APPLICATION FORM

Name: _____
Last *First* *Middle*

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ (Social Security number is needed to complete security check.)

In Case Of Emergency Notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Are You on a Visiting List of, or Visiting any Inmate or Detainee? Yes___ No___

If Yes, Inmate Name: _____ Relationship: _____

Do you have any specific area/program within the Department for which you wish to volunteer?

Yes___ No___ If yes, list which area/program (be specific as possible): _____

Have you ever volunteered for the Nebraska Department of Correctional Services? If yes, where and when? _____

Please provide the following information so you may best be matched with our volunteer needs:

Education: _____

Skills/Abilities: _____

Hobbies: _____

Interests: _____

Prior Volunteer Experience(s): _____

List the names of three individuals we may contact (other than relatives) who have knowledge of your skills and character.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature

Date