



Mail to: The Arc of Omaha  
 1941 S. 42 St., Suite 122  
 Omaha, NE 68105  
 Attn: Lisa Dougherty

**PLEASE PRINT OR TYPE** **VOLUNTEER APPLICATION**

---

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First M. I. Last Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Address City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 home phone cell phone work phone

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

-----

Have you ever been arrested on a misdemeanor or felony crime? Yes No

Were you convicted? Yes No What was the crime? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Are you currently on probation? Yes No Are you volunteering as a court order? Yes No

How many hours are you required to do? \_\_\_\_\_ When are your hours due? \_\_\_\_\_

-----

How did you learn about The Arc of Omaha? \_\_\_\_\_

Do you have experience working with people with disabilities? Yes No

If yes, in what capacity? \_\_\_\_\_

Why do you want to volunteer with Ollie Webb Center, Inc.? \_\_\_\_\_

\_\_\_\_\_

---

Are you fluent in sign language? Yes No

Are you fluent in a language other than English? Yes No If yes, what language? \_\_\_\_\_

**PLEASE LIST 3 REFERENCES.**

Name of <u>Supervisor/Co-worker</u> reference	Address (include city/zip)
1) _____	
Phone	Relationship
_____	
Name of <u>friend</u> reference	Address (include city/zip)
2) _____	
Phone	Relationship
_____	
Name of <u>family</u> reference	Address (include city/zip)
3) _____	
Phone	Relationship
_____	

Volunteers are only allowed to work in group settings with consumers of The Arc of Omaha. At no time will a volunteer be allowed to be with a consumer without a staff of The Arc of Omaha present. Should a volunteer be found alone with a consumer, the volunteer’s relationship with The Arc of Omaha will be terminated immediately.

I agree that I will only work with consumers of The Arc of Omaha in a group setting with a staff member present. I understand that if I do not abide by this rule that my volunteer relationship with The Arc of Omaha will be terminated.

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer

**The Arc of Omaha staff will contact you with approval or denial of your volunteer position after your references are contacted. Generally, this process takes 7 – 10 business days.**

**Questions or concerns? Please contact Lisa Dougherty at 346-5220 ext. 22 or [ldougherty@olliewebbinc.org](mailto:ldougherty@olliewebbinc.org)**