



Application for Volunteer & Internship Positions

All of us at Greater Omaha Youth for Christ. (YFC) appreciate your interest in working with us. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of our ministry. Qualified applicants are considered for all open positions without regard to race, color, national origin, sex, age, veteran status, or the presence of a non job-related medical condition or disability.

Please complete the following information. Fields in grey need your input. You can use the TAB key to quickly navigate to each field.

Date of Application:

Personal Information			
Name	Home Phone		
Address 1	Work Phone		
Address 2	Cell Phone		
City	State	Zip	
E-Mail			
Previous Address			
City	State	Zip	
Please list all states where you have lived in the past 10 years:			
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Volunteer Interest		
YFC location to which you are applying:		
<i>Please send application directly to that location.</i>		
Volunteer Position Desired		

Please specify days and hours you are available:		
Date Available		
Have you previously been employed by YFC or had any experience as a volunteer in a YFC program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, when and where?		
List names of any relatives or persons you know who are, or have been, employed by YFC:		
Do you have experience in another Christian ministry?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Educational Background	
High School	Grade Completed
University/College _____	Years Completed _____
Major field of Study	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical/Vocational	Years Completed
Field of Study	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate/Seminary _____	Years Completed _____
Major field of Study	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other apprenticeships, training programs, certifications or other special educational experiences:	
Are you presently taking any educational courses? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what and where.	

Employment/Volunteer History	
Give information as completely as possible, listing your current position first. <i>Include employed/self-employed periods, part-time, volunteer work and periods of unemployment.</i>	
Company _____	Phone Number _____
Position _____	Supervisor Name _____

Dates of Employment _____ To _____
Summary of Duties
Reason for Leaving
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Company _____ Position _____ Dates of Employment _____ To _____ </div> <div style="width: 45%;"> Phone Number _____ Supervisor Name _____ </div> </div>
Summary of Duties
Reason for Leaving
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please attach a current resume.

References						
Personal References Please list three persons, not related to you, who are qualified to evaluate your capabilities and character. One of the references must be your Pastor.						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Name _____</td> <td style="width: 50%; border-bottom: 1px solid black;">Email _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address _____</td> <td style="border-bottom: 1px solid black;">Phone # _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City _____</td> <td style="border-bottom: 1px solid black;">State _____ Zip _____</td> </tr> </table>	Name _____	Email _____	Address _____	Phone # _____	City _____	State _____ Zip _____
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Name _____	Email _____					
Address _____	Phone # _____					
City _____	State _____ Zip _____					
Professional References Please list three persons who know you in the work environment and are qualified to evaluate your capabilities and work style. You must include former supervisors and/or co-workers.						

Name _____	Relationship _____
Address _____	Phone # _____
City _____	State _____ Zip _____
Name _____	Relationship _____
Address _____	Phone # _____
City _____	State _____ Zip _____
Name _____	Relationship _____
Address _____	Phone # _____
City _____	State _____ Zip _____

Faith Background				
Do you attend Church regularly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What church do you attend?				
Address _____	Phone # _____			
City _____	State _____		Zip _____	
Are you a member?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Describe when and how you became a Christian (attach additional pages if necessary):				
Describe your Christian walk as it relates to your interest in YFC:				

Criminal and Disciplinary Record

Because our mission and purpose as a Christian ministry is to bring hope, love, and healing to young people and their families, it is of great importance that we endeavor at all times to build our team with people of the highest moral and spiritual character. To maintain our high standards, we must ask all applicants to be prepared to subject themselves to certain personal, employment and criminal background checks.

For that purpose please answer the following:

A. Have you ever been convicted of a crime or violation other than a minor traffic infraction?

Yes ☐ No ☐

If yes, please explain:

B. Have you ever been subject to disciplinary action, suspended, terminated or asked to leave a job or volunteer position by an employer or non-profit organization on the grounds that you engaged in child sexual abuse or neglect, or other unlawful behavior, or on the grounds that you violated an employer's sexual misconduct or harassment policy?

Yes ☐ No ☐

If yes, please explain:

Statement of Faith

All of our staff and volunteers must affirm our Statement of Faith as follows:

- | | |
|----|---|
| 1. | We believe the Bible to be the inspired, the infallible authoritative Word of God. |
| 2. | We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. |
| 3. | We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory. |
| 4. | We believe that for the salvation of lost and sinful people regeneration by the Holy Spirit is absolutely essential. |
| 5. | We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. |
| 6. | We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. |
| 7. | We believe in the spiritual unity of believers in Christ. |

I agree with and will adhere to the above Statement of Faith during my employment.

Name: _____ Date _____

(printed)

Signature: _____

ACKNOWLEDGEMENT

I certify that the statements I have made are true and correct.

I understand that if accepted as a volunteer, I will be required to abide by all of YFC's policies, standards or regulations as established from time to time.

I authorize YFC to investigate any information provided in this application, and I agree to cooperate in such investigations. I further recognize and agree that, as a condition of acceptance as a volunteer, I consent to criminal, financial and motor vehicle background checks from federal, state and local agencies.

I hereby release YFC and all persons supplying information to YFC from all liability, claims for damages, or responsibility whatsoever with respect to information supplied. I further authorize my current employer and references to speak freely to YFC representatives and provide whatever information is required.

Name: _____ Date _____

(printed)

Signature: _____

If you plan on driving students please submit the following.

- Photocopy of your current driver's license
- Certificate of insurance provided by your insurance company

Please mail or fax to:

Greater Omaha Youth for Christ
5062 S 108th Street, Box #160
Omaha, NE 68137

Fax number (402) 597.9336



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]**, another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature: _____ Date: _____



INSTRUCTIONS

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

All designated fields must be completed or the request will be returned and not processed. If this document is not typed, all information must be clearly printed and legible.

AUTHORIZATION

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

☐ Adult Protective Services Central Registry ☐ Child Protective Services Central Register

TYPE OF CHECK

Select only one:

☐ Agency Requested Check ☐ Self Check

Is this a request for an Adoption? ☐ Yes ☐ No

AGENCY INFORMATION: This section must be completed if this is an agency request.

Agency ID Number

Agency Name

--	--

APPLICANT INFORMATION

First, Middle, Last Name

--

Date of Birth

Age

Social Security Number

--	--	--

Current Address

--

City

State

Zip Code

--	--	--

E-Mail Address (CFS will use this email as the primary method of contact)

--

Other names previously used such as former married names, maiden name and nick names used during the past 20 years

--

First, Middle, Last Name

Names and birthdates of your children and children who lived with you

All previous addresses at which you have resided during the past 20 years (minimum City & State):

SIGNATURES & DATES

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. **This authorization is valid for a period of 6 months from the date of signature.** Legal guardian signature is required if the applicant is less than 19 years of age.

Signature of Applicant

Date

Signature of Applicant's Legal Guardian (Note: this signature is necessary only if applicant is less than 19 years of age).

Date

SELF CHECK

Notary is required for Self-Check only.

Seal of Notary

Notary Public

AGENCY CHECK

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

Agency ID Number

Date