



**Position Description and Selection:** (refer to position description sheets for more detail)

Select times and days that you are available to volunteer. (Example: Monday mornings 9-11, Wednesday afternoon 1-3)

Time Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Volunteer Match Information:**

We serve individuals who speak languages other than English. Do you speak/write a language other than English?

NO  YES Languages: Speak \_\_\_\_\_ Read \_\_\_\_\_

NO  YES Are you comfortable around others' pets?  
If not, which type of pet are you uncomfortable with? \_\_\_\_\_

NO  YES Are you comfortable being with individuals who smoke?

NO  YES Do you have transportation necessary to maintain your volunteer duties?

NO  YES Do you have a valid driver's license?

NO  YES Do you have car insurance?

NO  YES Do you have a medical or physical restriction?

NO  YES Are you able to lift, carry, and/or bend a maximum of 75 lbs?

NO  YES Are you physically able to maintain your volunteer duties?

**Background Check:** I understand and consent to a Nebraska and Iowa State Adult and Child Abuse background check. If the background check indicates abuse I understand I will be terminated and unable to volunteer with the HELP Adult Services agency in any capacity.

NO  YES Have you been convicted of a criminal activity? (This does not automatically exclude you from volunteerism)  
If yes, please explain: \_\_\_\_\_

**References:** Name, Phone number and relationship. (Family members excluded)

1. \_\_\_\_\_

2. \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_