



**AmeriCorps Seniors serving Scotts Bluff County**  
 Sponsored by United Way of Western Nebraska  
 1517 Broadway, Suite 106  
 Scottsbluff, NE 69361  
 Phone: 308-635-2522  
 Email: Volunteer@uwnn.org



**Application and Interest Survey**

**CONTACT INFORMATION**

NAME (As it appears on driver's license)	
ADDRESS	
CITY, STATE & ZIP CODE	
PHONE (HOME)	
PHONE (WORK)	
PHONE (CELL)	
EMAIL ADDRESS	
DATE OF BIRTH (MM/DD/YYYY)	

**DRIVER'S LICENSE INFORMATION**

DRIVER'S LICENSE NUMBER	
STATE	
EXPIRATION DATE	

**ARE YOU A VETERAN?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**IF YES, WHAT BRANCH? (Army, Navy, USAF, USMC, Coast Guard, Other) please indicate below:**

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**DO YOU HAVE FAMILY MEMBERS SERVING IN THE MILITARY?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**GENDER (OPTIONAL)**

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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**ETHNIC GROUP (OPTIONAL)**

<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	African American
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native American/Alaska Native
<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Other

**PLEASE INDICATE YOUR PREFERENCES (please check each preference below):**

<input type="checkbox"/>	Enjoy working with others	<input type="checkbox"/>	Jobs that require standing/moving
<input type="checkbox"/>	Jobs that require sitting	<input type="checkbox"/>	Prefer to work a regular schedule
<input type="checkbox"/>	Prefer to do a one-time job	<input type="checkbox"/>	Prefer to do something familiar
<input type="checkbox"/>	Outdoor jobs	<input type="checkbox"/>	Indoor jobs
<input type="checkbox"/>	Coordinate/chair a project	<input type="checkbox"/>	Enjoy working with children/teens

**WHEN ARE YOU AVAILABLE TO VOLUNTEER? (please check each preference below):**

<input type="checkbox"/>	Mornings (AM)	<input type="checkbox"/>	Evenings (PM)
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**WHAT DAYS OF THE WEEK ARE YOU AVAILABLE? (please check each preference below):**

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday
<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday
<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday
<input type="checkbox"/>	Sunday	<input type="checkbox"/>	Other

**HOW LONG DO YOU PREFER TO WORK EACH TIME?** (please check each preference below):

<input type="checkbox"/>	One Hour	<input type="checkbox"/>	Two Hours
<input type="checkbox"/>	Three Hours	<input type="checkbox"/>	Half a Day
<input type="checkbox"/>	Full Day	<input type="checkbox"/>	Other

**HOW WOULD YOU DESCRIBE YOURSELF?** (please check all that apply below):

<input type="checkbox"/>	Organized	<input type="checkbox"/>	Detail Oriented
<input type="checkbox"/>	Enthusiastic	<input type="checkbox"/>	A People Person
<input type="checkbox"/>	Patient	<input type="checkbox"/>	A Motivator
<input type="checkbox"/>	Compassionate	<input type="checkbox"/>	Tolerant
<input type="checkbox"/>	Enjoy working with children/teens	<input type="checkbox"/>	A Leader
<input type="checkbox"/>	Self Motivated	<input type="checkbox"/>	Enjoy working with adults

**PLEASE INDICATE ANY SKILLS/HOBBIES/EXPERIENCES** (please check all that apply below):

<input type="checkbox"/>	Teaching	<input type="checkbox"/>	Medical
<input type="checkbox"/>	Companionship/Transport Seniors & Disabled	<input type="checkbox"/>	Receptionist/Office Work
<input type="checkbox"/>	Caring for Children	<input type="checkbox"/>	Museum/Library
<input type="checkbox"/>	Music	<input type="checkbox"/>	Caring for Adults
<input type="checkbox"/>	Financial Literacy	<input type="checkbox"/>	Carpentry/Handyman
<input type="checkbox"/>	Other	<input type="checkbox"/>	

**PLEASE CHECK THOSE ACTIVITIES YOU ARE INTERESTED IN** (please check all that apply below):

<input type="checkbox"/>	Meals-on-Wheels	<input type="checkbox"/>	Feeding the Hungry
<input type="checkbox"/>	Shopping for Seniors	<input type="checkbox"/>	Tax Preparation
<input type="checkbox"/>	Financial Literacy	<input type="checkbox"/>	Tutoring
<input type="checkbox"/>	Youth Mentoring	<input type="checkbox"/>	Wherever Needed
<input type="checkbox"/>	Other	<input type="checkbox"/>	

**BENEFICIARY FOR INSURANCE**

(As an AmeriCorps Seniors volunteer, you will be covered by accident, personal liability and excess automobile insurance, plus a small death benefit while performing volunteer duties.)

This coverage is automatic and free of cost to you as long as you are an active, enrolled AmeriCorps Seniors volunteer. Please provide the following information.)

NAME	
ADDRESS	
CITY, STATE & ZIP CODE	
PHONE NUMBER	
RELATIONSHIP	

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

(If same as beneficiary above, please initial here \_\_\_\_\_, otherwise please complete below.)

NAME	
ADDRESS	
CITY, STATE & ZIP CODE	
PHONE NUMBER	
RELATIONSHIP	

**PLEASE INDICATE IF AMERICORPS SENIORS SERVING SCOTTS BLUFF COUNTY HAS PERMISSION TO USE YOUR LIKENESS** (please indicate one below):

	I hereby grant AmeriCorps Seniors serving Scotts Bluff County permission to use my likeness in photographs/videos/ in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by AmeriCorps Seniors serving Scotts Bluff County in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors serving Scotts Bluff County for the use of these photographs/videos. (Please indicate by a check and initial if you agree.)
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	I do not give permission to use my likeness in photographs/videos to AmeriCorps Seniors serving Scotts Bluff County. (Please indicate by a check and initial if you agree.)
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**CERTIFICATION**

**By signing below, I acknowledge that I have read and understand the following statements:**

I hereby state that I am 55 years of age or older and offer my services as a volunteer for the AmeriCorps Seniors serving Scotts Bluff County. I understand that I am not an employee of the AmeriCorps Seniors serving Scotts Bluff County, the sponsor (United Way of Western Nebraska), any volunteer stations or the Federal Government and agree to serve without compensation

I understand that in my capacity as an AmeriCorps Seniors serving Scotts Bluff County volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Nebraska. I will also keep in effect a valid driver's license.

I hereby confirm that I have received a copy of the AmeriCorps Seniors Serving Scotts Bluff County Volunteer Handbook.

AmeriCorps Seniors serving Scotts Bluff County Volunteer Signature	
Date	

AmeriCorps Seniors serving Scotts Bluff County Staff Signature	
Date	

**EQUAL EMPLOYMENT AGENCY**

AmeriCorps Seniors serving Scotts Bluff County is an equal opportunity agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. AmeriCorps Seniors serving Scotts Bluff County provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact AmeriCorps Seniors serving Scotts Bluff County

(Update 3/5/2023) This program is available to all, without regard to race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information, military service or any other status protected by law.