

## Office of Latino/Latin American Studies (OLLAS) Volunteer Application

Contact Information:							
Salutation (Please circle one)DrMrMrsMissMsOther:							
Name							
Street Address							
City/ST/Zip code							
Preferred Phone							
E-Mail Address							
About You:							
Birth Date: (Optional)							
Highest Level of Education or Class Standing:							
Major (if applicable):							
Organizational Affiliation (if applicable):  Availability:							
During which hours are you available for volunteer assignments?							
Man			Tue				
Mon.			Tue.				
Wed.			Thur.				
Friday			Sat./Sur	1.			

## **Interests:**

Tell us in which areas you are interested in volunteering

<b>Special Skills or Qualific</b>	ations:
Summarize special skills and or through other activities, in	d qualifications you have acquired from employment, previous volunteer work, cluding hobbies or sports.
Are you bilingual? Yes	No Which languages?
<b>Previous Volunteer Expo</b>	erience:
Summarize your previous vo	lunteer experience.
<b>Emergency Contact:</b>	
Name	
Relationship	
Preferred Phone	
Your Physician's Name &	
Phone Number (Optional)	
Agreement and Signatur	'e'
	ate my services to UNO and understand there is no payment for the services rendered under the
volunteer program of the University of	Nebraska Omaha. I understand that photographs may be taken of me from time to time for its oide by the rules, regulations, and policies of UNO. I understand that if I do not abide by UNO rules,
regulations, or policies, it could result i	n legal action and I will be terminated from volunteering at UNO. Under the volunteer program I am
ineligible for workers compensation. It form is not an application nor will it be	assume the risk and expense of any work related injuries during my volunteer service. I understand this used for screening purposes.
Signature:	Date:
Drintad Name:	
riintea Name:	<del></del>
	pplication form and for your interest in volunteering with OLLAS. Please print the rson at: OLLAS, UNO, ASH 102, 6001 Dodge Street, Omaha, NE, 68182.
	For Office Use Only
Supervisor Name:	Extension: Title:
T	<b>.</b>
Termination Date:	Reason: