



Office of Latino/Latin American Studies (OLLAS)

Volunteer Application

Contact Information:

Salutation (Please circle one)	___ Dr. ___ Mr. ___ Mrs. ___ Miss. ___ Ms. ___ Other: _____
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?

Mon.		Tue.	
Wed.		Thur.	
Friday		Sat./Sun.	

Interests:

Tell us in which areas you are interested in volunteering

Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Are you bilingual? Yes No Which languages?

Previous Volunteer Experience:

Summarize your previous volunteer experience.

Emergency Contact:

Name	
Relationship	
Preferred Phone	
Your Physician's Name & Phone Number (Optional)	

Agreement and Signature:

VOLUNTEER STATEMENT: I wish to donate 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 publications or other uses. I agree to abide 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 in legal action and I will be terminated from volunteering at UNO. Under the volunteer program I am ineligible for workers compensation. I assume the risk and expense of any work related injuries during my volunteer service. I understand this form is not an application nor will it be used for screening purposes.

Signature: _____ Date: _____

Printed Name: _____

Thank you for completing this application form and for your interest in volunteering with OLLAS. Please print the form and turn in by mail or in person at: OLLAS, UNO, ASH 102, 6001 Dodge Street, Omaha, NE, 68182.

For Office Use Only

Supervisor Name: _____ Extension: _____ Title: _____

Termination Date: _____ Reason: _____