



**Blue Valley  
Community  
Action**

## VOLUNTEER APPLICATION FRIENDS OF BLUE VALLEY

Return completed applications to:  
620 5th Street · P.O. Box 273 · Fairbury NE 68352-0273  
Email: [volunteer@bvca.net](mailto:volunteer@bvca.net) · Fax: (402) 729-2801  
Applications can also be returned to your local BVCA Center.

**PLEASE TYPE OR PRINT**

Today's Date:

Full Name:

<i>First</i>	<i>Middle</i>	<i>Last</i>

Street Address:

Mailing Address:

City:

State:

Zip Code:

County:

Home Phone:

Mobile Phone:

Email:

Volunteer Position of Interest:

Referral Source: ☐ Newspaper Ad ☐ Employer ☐ Friend ☐ Relative ☐ Walk-in ☐ Website ☐ Other

If other, explain:

Reason(s) for seeking volunteer opportunities (select all that apply):

☐ Develop & Apply New Skills ☐ Give Back To The Community ☐ School Credit/Internship ☐ Diversion/Probation

☐ Other Community Programs:

If you are volunteering for legal reasons or school credits, please complete the following:

Agency/Educational Institution:

Contact Person:

*First*

*Last*

*Title*

Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Fax Number:

Number of Hour Required:

Requested Completion Date:

Please explain circumstances of requirement:

Have you been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, explain:

## EXPERIENCE

Are you currently:      Employed      Retired      Unemployed

Please list your employment and volunteer experience (list most recent experience first):

Company: <input style="width: 90%;" type="text"/>	Duties: <input style="width: 95%; height: 40px;" type="text"/>
Service Dates: From <input style="width: 150px;" type="text"/> to <input style="width: 150px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

Company:	<div style="border: 1px solid black; height: 20px;"></div>	Duties:	<div style="border: 1px solid black; height: 40px;"></div>
Service Dates: From	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	to	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

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Please check and skills &/or qualifications that you posess:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounting/Budgeting            | <input type="checkbox"/> Editing/Proofreading                | <input type="checkbox"/> Receptionist              |
| <input type="checkbox"/> Artistic Abilities/Creative     | <input type="checkbox"/> Educating/Teaching                  | <input type="checkbox"/> Recruiting                |
| <input type="checkbox"/> Bilingual/Interpreting          | <input type="checkbox"/> Engineering/Maintenance             | <input type="checkbox"/> Retail                    |
| <input type="checkbox"/> Childcare/Working with Children | <input type="checkbox"/> Fundraising/Grant Writing           | <input type="checkbox"/> Researching               |
| <input type="checkbox"/> Cleaning/Household Chores       | <input type="checkbox"/> Gardening/Landscaping               | <input type="checkbox"/> Singing/Storytelling      |
| <input type="checkbox"/> Clerical                        | <input type="checkbox"/> Janitorial                          | <input type="checkbox"/> Sorting/Hanging           |
| <input type="checkbox"/> Computer Skills                 | <input type="checkbox"/> Lifting                             | <input type="checkbox"/> Tax Preparation           |
| <input type="checkbox"/> Computer - IT                   | <input type="checkbox"/> Marketing/Promotions                | <input type="checkbox"/> Training/Leading          |
| <input type="checkbox"/> Customer Service                | <input type="checkbox"/> Office Skills (filing, phones, etc) | <input type="checkbox"/> Transportation            |
| <input type="checkbox"/> Data Entry/Keyboarding          | <input type="checkbox"/> Public Speaking                     | <input type="checkbox"/> Other (please list below) |

Please list any additional skills or qualifications:

\_\_\_\_\_

Please list any skills you'd like to develop:

\_\_\_\_\_

Please list any languages other than English that you speak, read &/or write:

\_\_\_\_\_

## YOUR SCHEDULE

Please indicate the days and hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## EMERGENCY CONTACT

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Home Phone:	<input type="text"/>	Office Phone:	<input type="text"/>
		Mobile Phone:	<input type="text"/>

## REFERENCES

Please list two references who have knowledge of your experience and ability.

Professional Reference			
Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Relationship:	<input type="text"/>	Phone Number:	<input type="text"/>

  

Personal Reference			
Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Relationship:	<input type="text"/>	Phone Number:	<input type="text"/>

## APPLICANT'S STATEMENT

I certify that these answers are true and complete to the best of my knowledge. I authorize Blue Valley Community Action Partnership &/or the placement site to investigate all information contained in the application and I authorize all persons, institutions, organizations and companies to furnish all pertinent information known to them about me. I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal. I will also indemnify Blue Valley Community Action Partnership against any liability, which might result from making such investigation. By signing this I agree to abide by the policies and practices established by Blue Valley Community Action Partnership for staff and volunteers. I understand that Blue Valley Community Action may terminate its relationship with any volunteer without prior notification for any reason deemed appropriate by agency. I will also indemnify Blue Valley Community Action Partnership against any liability occurring at a non BVCA placement site.

Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>
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### ELECTRONIC SUBMISSION OF APPLICATION

By entering my name in the above signature field and submitting this application, I am certifying the above statements to be true and correct, to the best of my knowledge, and I am authorizing this information to be used for the purpose of processing my volunteer application and information.

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## OFFICE USE ONLY

Placement Site:	<input type="text"/>	Date:	<input type="text"/>
Comments:	<input type="text"/>	<input type="checkbox"/> Database	BVCA Form #074 Revised 9/21/22