

APPLICATION FOR VOLUNTEER ACTIVITY**City of Lincoln—Aging Partners**

600 S. 70th St., Bldg. 2, Lincoln, NE 68510-2451, Phone: 402-441-6076 or 402-441-7575

Instructions: Print or Type Responses		Mark with "X" where appropriate	
Name (first, middle initial, last):	Phones: Home: _____ Mobile: _____ Can you be contacted via text: ____ Yes ____ No E-mail: _____		
Are you 19 years of age or older: Yes No	Gender:		
Current Occupation and Employer Name (if any):	Education, Language, and Special Skills (if any):		
Street Address (include apartment number):	City:	State:	Zip:
Do you have a valid Nebraska operator's license to operate a motor vehicle: ____ Yes ____ No License No.: _____ Describe your driving history record: _____			
What type of volunteer connection or assistance are you interested in? ____ Grocery pickup and delivery ____ Telephone/Video calls ____ Weekly stop-by ____ Prescription pickup and delivery ____ Library Book pickup ____ Other: _____ <i>No transportation or entry of the residence shall be permitted through this program at this time.</i> Is there any other information you would like to share: _____			
Individual's Availability: Hours desired per Day: _____ Week: _____ Month: _____ Weekdays: Morning: _____ Afternoon: _____ Evening: _____ Weekends: Morning: _____ Afternoon: _____ Evening: _____			
References: Please provide references (not relatives) who are able to supply information about you. Name: _____ Address: _____ Phone: _____ Name: _____ Address: _____ Phone: _____			
Emergency Contact Information: Name: _____		Relationship to you: _____ Address: _____ Phone: _____	

Please read and sign: I have read the above application and certify to the truth of the above statements. If I am chosen for the position of Volunteer in the volunteer program, I hereby take on the responsibility of adhering to any rules required. I will abide by my schedule and understand that any unauthorized absences will result in my being replaced. I further understand that any false or misleading statements will be cause for rejection of this application or for dismissal after appointment. I authorize and request any reference to answer any and all questions that may be asked, and I hold such persons harmless for giving all information within their knowledge or record. I authorize all background checks and other investigation to determine my suitability as a Volunteer.

Signature of Applicant: _____ **Date:** _____

WARNING OF RISK, WAIVER, AND RELEASE OF ALL CLAIMS (VOLUNTEER)

Volunteer Obligations. Volunteer is required to follow instructions and any safety guidelines closely. The likelihood of injury may be reduced by Volunteer adhering to safety rules or procedures. Volunteer agrees to conduct the volunteer activity in a safe and professional manner at all times. Volunteer agrees not to enter the residence of the recipient of the volunteer activity except under emergency circumstances.

Assumption of Risk and Release of Claims. Volunteer is fully aware and understands the specific risks associated with this volunteer activity, including physical injury, sickness (including COVID-19), and death, and that this volunteer activity may be hazardous to the Volunteer. Volunteer agrees to assume and accept the full risks associated with this volunteer activity without limitation, or in the alternative waives all rights to notice of risks associated with this volunteer activity and any activities connected or associated with this volunteer activity, including any loss or damage to clothing and/or personal equipment; any mental and/or physical injuries, including illness, permanent and/or partial disability; severe social and/or economic loss; attorney's fees; and/or any other damages or loss which may result not only from actions, inactions or negligence, of Volunteer, or of others, or in the condition of the premises or of any equipment used. Volunteer agrees to waive and relinquish all claims Volunteer may have as a result of or related to the volunteer activity against the City of Lincoln and their officials, officers, agents, volunteers, and employees. Volunteer further assumes all the foregoing risks and accepts personal responsibility for all costs associated with the risks or injuries that Volunteer incurs or causes.

Indemnification. To the fullest extent permitted by law, Volunteer shall indemnify, covenant not to sue, defend, release, and hold forever harmless City of Lincoln or their officers, agents, volunteers, and employees, as well as the recipient of the volunteer activity, from and against claims, damages, losses, and expenses, including but not limited to attorney's fees, arising out of or resulting from this volunteer activity, that results in any claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by the intentional or negligent act or omission associated therewith.

No City Employment and Insurance Coverage. Volunteer expressly understands that this volunteer activity does not constitute City employment. Volunteer agrees there is no entitlement to any City benefits including, but not limited to, overtime, retirement benefits, workers' compensation, sick leave, or injury leave. Volunteer understands City undertakes no liability or financial obligation on behalf of Volunteer as a result of the volunteer activity. Volunteer's health, homeowners, umbrella, and auto insurance (if any) shall provide primary coverage in the event of any injuries or losses to Volunteer, the recipient of the volunteer activity, or others arising out of the volunteer activity.

Effect of Waiver and Release. This Waiver and Release shall be construed and enforced in accordance with the laws of the State of Nebraska; contains the entire understanding of the parties superseding any prior negotiations; shall be read as broadly and inclusively as permitted by law; and in the event any provision is rendered invalid, the remainder shall still remain valid and enforceable to the fullest extent of the law.

Acknowledgment and Capacity. Volunteer hereby acknowledges and represents unqualified authority to execute the same on their own behalf and/or on behalf of the Volunteer. Volunteer has read, fully understood, and freely agrees to this Warning of Risk, Waiver, and Release of All Claims.

Volunteer Signature: _____

Date: _____

Printed Name: _____

VOLUNTEER CONFIDENTIALITY POLICY AND CODE OF CONDUCT

City of Lincoln—Aging Partners

600 S. 70th St., Bldg. 2, Lincoln, NE 68510-2451, Phone: 402-441-7575

Confidentiality

Volunteers in the NeighborLNK program may have access to what this Policy refers to as “confidential information.” The purpose of this Policy is to describe Volunteers’ duties regarding confidential information.

Confidential information includes client/participant information, volunteer information, and other information relating to Aging Partners. Volunteers shall not be provided any confidential information that they do not need to perform the volunteer activities. Volunteers shall have no right or ownership of such confidential information.

Confidential information is valuable and sensitive and is protected by law and by strict Aging Partners’ policies. The intent of these laws and policies is to assure that confidential information will remain confidential – that is, that it will be used only as necessary to serve the older and vulnerable adults of this community and to accomplish the volunteer program’s mission. Exceptions to this Policy may be made to cooperate with law enforcement in cooperation with Aging Partners management.

Volunteers shall NOT leave confidential or sensitive documents or information out in the open or unsecured.

Volunteers shall NOT share or talk about confidential information with unauthorized staff or other individuals who have no right to know about it. Volunteers shall NOT volunteer any unnecessary information about clients/participants to anyone.

Volunteers shall NOT copy, sell, alter, or delete confidential information of clients/participants.

Volunteers SHALL be solely responsible for misuse or wrongful disclosure of confidential information.

Volunteers SHALL report any suspicious activities by any individuals that may compromise the security of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

Volunteer Rules of Conduct

Volunteers shall NOT operate or use equipment, tools, or vehicles that are not their own or for which they have no familiarity. Volunteers SHALL perform only those assigned tasks that are within their physical and mental capabilities.

Volunteers shall NOT smoke, drink, use profanity, or engage in unlawful conduct during the volunteer activity. Volunteers SHALL dress appropriately for the conditions and performance of the assigned tasks for clients/participants.

Volunteers SHALL strictly follow and obey all instructions and safety rules, including any current City of Lincoln Volunteer Policy, while performing assigned tasks with care due appropriate to the current situation. Volunteers shall follow all safety and health precautions related to COVID-19.

Volunteers SHALL immediately cease volunteer activity if they feel unwell or display symptoms of illness and SHALL inform their contact at Aging Partners regarding any illness or injuries.

Volunteers SHALL treat clients/participants with respect, kindness, dignity, and patience, and refrain from degrading, threatening, or humiliating behavior or words.

Volunteers shall NOT enter the residences of participants except under emergency circumstances.

Volunteers shall NOT drive participants under any circumstances.

Volunteers SHALL truthfully and accurately disclose all information necessary for a criminal background and driving history check.

Volunteers SHALL undergo necessary training and bring all concerns to Aging Partners regarding any issues with clients/participants or the volunteer activity.

Indemnification and Consent

Volunteers consent to use of their name, statements, image, voice, videos, and likeness for promotion of the volunteer program without further consent or prior knowledge of use.

Volunteers indemnify, hold harmless, and defend the City of Lincoln and clients/participants from any losses or injuries.

Acknowledgement of Policy

Volunteers are required to maintain conduct in strict conformance to applicable laws and Aging Partners' policies governing confidential information. The violation of any of these duties result in termination of Volunteer's participation within the volunteer program. All duties herein are subject to review, revision, and renewal.

Volunteer has read, fully understood, and freely agrees to the duties outlined in this Policy as consideration of their participation in the volunteer program.

Signature: _____ Date: _____

Printed Name: _____



**APPLICANT DISCLOSURE AND
AUTHORIZATION FORM**
[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

This information will be used for background screening purposes only and will not be used for any other purpose

Last Name: _____ First Name: _____ Middle: _____

Other Names/Alias: _____

Social Security #: _____ Date of Birth (MM/DD/YYYY): _____

Driver's License #: _____ State of Driver's License: _____

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

All Previous Addresses in the Last Seven (7) Years including dates of residency

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau,
1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report at no charge if one is obtained by the Company.

Check box to receive report. ☐

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com.

NEW YORK applicants or employees only: By signing below, you also acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report. ☐

Signature: _____

Print Name: _____

Date: _____

