



Return to: Volunteer Services
W. Dale Clark Library
215 S 15 ST, Omaha NE 68102

Quality of community matters

DIVERSION VOLUNTEER PROGRAM APPLICATION

Name: _____

Address: _____

Street City: State: Zip:

Home Phone: _____ Cell Phone: _____ E-mail address: _____

Hours needed _____ Deadline for hours to be done _____

Offense _____

Name and address of your Diversion Officer _____

Availability:

Circle the days you are available:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Circle times you are available:	10:00 – Noon		12:00 – 2:00 pm		2:00 – 4:00 pm		
	4:00 – 6:00 pm		6:00 – 8:00 pm				

At which location would you like to volunteer? You may check as many as you like, but please number in priority order if choosing more than one.

- | | | |
|---|--|---|
| <input type="checkbox"/> W. Dale Clark Library | <input type="checkbox"/> Milton R. Abrahams Branch | <input type="checkbox"/> Benson Branch |
| <input type="checkbox"/> Bess Johnson Elkhorn Branch | <input type="checkbox"/> Florence Branch | <input type="checkbox"/> Millard Branch |
| <input type="checkbox"/> A.V. Sorensen Branch | <input type="checkbox"/> South Branch | <input type="checkbox"/> W. Clarke Swanson Branch |
| <input type="checkbox"/> Charles B. Washington Branch | <input type="checkbox"/> Willa Cather Branch | |

Emergency Contact

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Education Information

High School:	Diploma	GED									
Circle highest level of education completed:	1	2	3	4	5	6	7	8	10	11	12
	Undergraduate				Post-Grad				Doctorate		
Please list all degrees _____											

I, _____, do hereby agree to indemnify and hold harmless the City of Omaha for any claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the City of Omaha in consideration of my participation as a volunteer for the Omaha Public Library.

I acknowledge that there is no salary or other compensation for my services as a volunteer, and, as a volunteer, I will not be covered by Workers' Compensation.

I also understand that in my capacity as a Omaha Public Library volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service has ended.

Signature of Applicant _____ Date _____

A Parent/Guardian signature is required for anyone who is under 19 years of age.

I, _____, as parent/guardian of _____, do hereby indemnify and hold harmless the Omaha Public Library and agree to indemnify and hold harmless the City of Omaha from any and all liability, claims or causes of action that may arise for any accidents, injuries or illnesses that may occur to my child from his/her participation in the volunteer program. I waive any right of action I have against the City of Omaha in consideration of my child's participation as a volunteer for the Library. I acknowledge that as a volunteer, my child will not be covered by Workers' Compensation.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Youth Printed Name _____

Youth Signature _____ Date _____