



# Volunteer Application

Hastings, NE 68901  
702 W. 14<sup>th</sup> Street  
Phone: (402) 462-6460  
Fax: (402) 462-6478

Grand Island, NE 68801  
1910 W 9<sup>th</sup> Street  
Phone: (308) 675-2173

Kearney, NE 68847  
1404 E. 39<sup>th</sup> Street  
Phone: (308) 236-5688  
Fax: (308) 236-6478

www.crossroadsmission.com

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street / City / State / Zip*

Telephone (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Birthday    /    /    How do you prefer to be contacted? \_\_\_\_\_  
*Month/Day/Year*

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Gender: M F  
*State Driver's License was issued*

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Hobbies / Special Interests \_\_\_\_\_

**PLEASE LIST TWO OF EACH**

Skills you may like to share \_\_\_\_\_  
\_\_\_\_\_

Skills you may like to learn \_\_\_\_\_  
\_\_\_\_\_

Please explain your interest in serving at the Crossroads Center. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_



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**Criminal History Disclosure:** *Exclude minor traffic violations:*

(Each case will be reviewed separately. This may not disqualify you for volunteering)

**Have you ever been convicted of a misdemeanor?** \_\_\_ Yes \_\_\_ No

**Have you ever been convicted of a felony?** \_\_\_ Yes \_\_\_ No

If yes, to either question, please list the offense and date(s): \_\_\_\_\_

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### *A little bit about Crossroads*

We have a four-phase program that will equip program participants with skills and knowledge for successful living in the “outside” world. We strive to be Christ centered by providing an environment that encourages people to establish and grow in their relationship with Christ.

In working at Crossroads Center you will deal with women, men, children, and families in crisis. It’s a great opportunity to interact and give back to the community.

You do not have to be a Christian to volunteer with us. We just ask that you do not express beliefs that go against our Statement of Faith while you are volunteering.

### ***Statement of Faith***

1. All scripture is God-Breathed. (2 Timothy 3:16)
2. God is the creator of everything. God created humanity in His own image.  
(Genesis 1,2 & Romans 1: 20)
3. There is one, true, living God, existing in three persons-the Father, Son, and Holy Spirit.  
(Matthew 28:19)
4. Jesus was born of the virgin Mary; Jesus is God in the flesh, the Son of God.  
(Luke 1: 26-35)
5. All humanity has sinned and fallen short of the Glory of God. (Romans 3:23)
6. Jesus was crucified, and three days after His death was raised again.  
(1 Corinthians 15: 3-4)
7. Through faith in Jesus Christ we have the forgiveness of sins. (Romans 3: 21-26)
8. The Holy Spirit is active and at work in all believers in Christ. (John 14: 26)
9. God has given every believer, in His Son Jesus Christ, eternal life. (1 John 5: 11-12)
10. Jesus will return again from heaven to this earth. (1 Thessalonians 4: 16-18)



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## PARTICIPANT CONFIDENTIALITY STATEMENT

### PROMISE TO MAINTAIN CONFIDENTIALITY

I promise that I shall hold in confidence all information regarding clients of the Crossroads Program. I will not violate the confidential relationships between the programs, their clients, staff, and volunteers. I will not remove from the office any written clients records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the program files.

I accept full responsibility for maintaining the confidential and private nature of all client records and information.

I understand that I am personally responsible and fully liable for any violation of this agreement.

**I have filled out this form honestly and to the best of my knowledge. I will be accountable for any falsified information. I understand that a background check will be performed and false information in support of my volunteer application may subject me to discharge at any time. I also will not testify against the Statement of Faith while serving at Crossroads.**

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*Print*

*Sign*

*Date*

**I have received a copy and discussed the Volunteer Guideline with the Volunteer Coordinator. (Do not sign until you have met with the Volunteer Coordinator.)**

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*Print*

*Sign*

*Date*

To set up an appointment in Kearney, call Dalton (Volunteer Coordinator) at 308-236-5688, or email at [dalton@crossroadsmission.com](mailto:dalton@crossroadsmission.com)

To set up an appointment in Hastings, call Brayan (Volunteer Coordinator) at 402-462-6460, or email at [brayan@crossroadsmission.com](mailto:brayan@crossroadsmission.com)



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## Sex Offender Statement

Have you ever been charged or convicted of a sex crime?   Y      N

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Volunteer Signature

Date

## Volunteer Liability Release Form

In consideration of my desire to serve as volunteer at Crossroads Center, I hereby assume all responsibility for any and all risk of bodily injury that I may sustain while participating in any volunteering activity, including the use of equipment and facilities of Crossroads Center. I assume all liability for my family, if any, and myself and my property. I hereby release Crossroads Center Inc., staff and Board of Directors from any and all claims of every kind and nature that I have or may have at any time.

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Volunteer Signature

Date

## Release Authorization to Reproduce Physical Likeness

I hereby grant Crossroads Center my consent and permission to photograph me and use my picture in conjunction with any visual, audio or written material for the purpose of promoting Crossroads Center.

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Volunteer Signature

Date

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Staff Signature

Date