

# Release of Information

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

## YWCA Lincoln

(Agency/Facility Requesting check)

**1432 N Street/ P.O. Box 95123, Lincoln, NE 68509**

(Address-Street, City) If not on letterhead

**Fax #: 402-476-0519**

\_\_\_\_\_  
(Signature of Applicant/Employee)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed or Typed Name of Applicant/Employee)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other names used in past twenty (20) years  
(Please print or type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other addresses in past twenty (20) years  
(Please print or type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Names of children who have lived with you  
(Please print or type)

\_\_\_\_\_  
(Date of applicant's birth)

\_\_\_\_\_  
(Home address of applicant /city/ zip)

\_\_\_\_\_  
(Witness signature)

\_\_\_\_\_  
(Date witnessed)

# YWCA Lincoln Volunteer Demographic Information

To all applicants:

The following information will not affect you as an individual applicant, nor your eligibility to volunteer at the YWCA Lincoln. This information is gathered for grant and YWCA Lincoln reporting requirements.

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Position applied for: \_\_\_\_\_

Today's date: \_\_\_\_\_

Please circle the appropriate answer:

I. Gender:        Male                      Female

II. What is your age?

- |                |                     |
|----------------|---------------------|
| 1. 19 or less  | 5. 50-59 years      |
| 2. 20-29 years | 6. 60-69 years      |
| 3. 30-39 years | 7. 70 or more years |
| 4. 40-49 years |                     |

III. Of the following, of which racial/ethnic group do you consider yourself a member?

1. American Indian or Alaskan Native
2. Asian
3. Pacific Islander
4. African American
5. Hispanic
6. Caucasian
7. Other:

IV. Do you have a disability?        Yes              No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_