



**Community
Bicycle
Shop
Omaha**
525 North 33rd Street
Omaha, NE 68131
www.omahabike.org

Volunteer Application

Thanks for your interest in CBSO. Complete the two-page form below and a volunteer will contact you with follow-up information.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day/cell): _____ (evening): _____

E-mail: _____

Past volunteer experience:

Why are you interested in volunteering at the Community Bicycle Shop?

What strengths do you bring as a volunteer? What weaknesses?

Availability

	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Morning (9-11 am)							
Mid-day (11 am-2 pm)							
Afternoon (2 - 4 pm)							
Evening (4 - 6 pm)							

How often would you like to volunteer? | Twice a week | Once a week
| Semi-weekly | Monthly

References

Please list three individuals (non-family members) who can provide references on your ability to volunteer at the Community Bicycle Shop.

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Permission for Background Check

The Community Bicycle Shop Omaha volunteers will be working with youth in our community. We run a background check on all volunteers.

I hereby allow the Community Bicycle Shop Omaha to perform a check on my background including criminal records and personal references.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for volunteering with the Community Bicycle Shop Omaha. All information collected will be kept confidential.

Signed _____ Date: _____