



VOLUNTEER APPLICATION

807 W. Apache St
 Farmington, NM 87401
 (505) 325 – 5358
 Fax: (505) 326 - 3085

Date:

Name:		
Phone Number: _____ Alternative Number: _____		
Address:		
City	State	Zip
Are you : <input type="checkbox"/> Under 21 years old <input type="checkbox"/> Over 21 years old		
Emergency Contact Person:		
Relationship:		Phone #:

1. How might you be interested in volunteering? Please check one.

- WORKING WITH KIDS
- CLERICAL/OFFICE WORK
- PHYSICAL/MAINTENANCE WORK
- INTERNSHIP: Masters Program Bachelors Program
- OTHER: _____

2. What days and times are you available to work?

SUN	MON	TUE	WED	THUR	FRI	SAT

3. How long (hours, days, months, years) are you interested in volunteering at Childhaven?

4. Is your volunteer time required by some other entity? If so, which program? Why did you choose Childhaven as your volunteer site?

5. Please give us a brief description of your employment history and/or volunteer history.

6. Have you had previous work/volunteer experience working in a non-profit organization?

7. Have you had previous work/volunteer experience working with children who have been abused or neglected?

8. List any special skills and/or interest you may have (computer skills, fundraisers, childcare experience, etc.) that you may like to use at Childhaven.

9. Will you require any special accommodations while volunteering? If yes, please describe.

10. Do you have a valid driver's license? Yes No

11. Have you had any traffic violations or offenses? Yes No

If yes, please explain _____

12. Have you ever been convicted of a crime other than the traffic violation? Yes No
If yes, please explain_____

13. I have **NO** pending or prior arrests or charges related to child sexual abuse. I have no convictions related to any other form of child abuse and/or neglects. I have no pending or prior arrests and/or substantiated referrals to a child protective services agency.

I **HAVE** been arrested, charged and/or convicted of child sexual abuse, child abuse and/or neglect, felonies, including violent felonies, and/or have had a substantiated referral to a child protective services agency

RELEASE OF INFORMATION

I, _____, the undersigned applicant certify that all the information that I have provided to Childhaven is true and complete to the best of my knowledge.

I understand that CHILDHAVEN will contact the references listed on attached application and authorize the release of information from said references of Childhaven.

I understand that CHILDHAVEN will conduct background searches to include but not limited to the following: State Courts, Sex Offender Registries, State, Local, and Federal Law Enforcement, Motor Vehicle Reports and Children, Youth and Families Departments

Signature of Applicant

Date