

**ALL FAITHS RECEIVING HOME, INC.**  
**VOLUNTEER APPLICATION**  
 (9/12/06)

**PERSONAL:**

Today's Date: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address (incl.city/st/zip): \_\_\_\_\_

How long at current address? \_\_\_\_\_ Years \_\_\_\_\_ months

Previous addresses:

1. \_\_\_\_\_ How long? \_\_\_\_\_
2. \_\_\_\_\_ How long? \_\_\_\_\_

**QUALIFICATIONS:**

Please relate information regarding training, experience, and interests that you feel would help you in volunteering at All Faiths:

What languages do you speak fluently?

Please describe your strengths and how they might be useful to you and to All Faiths as a volunteer:

Describe any experience you have had working with children or indirectly in a children's setting:

Do you have any experience working with physical or sexual abuse victims? If so, please describe:

**HOURS AVAILABLE:**

|    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM |        |         |           |          |        |          |        |
| PM |        |         |           |          |        |          |        |

**SECURITY:**

List states and countries of residence for the past seven years:

\_\_\_\_\_

Have you used any names or Social Security numbers other than given above? ( If so, please list in the comment section below.)  
 Yes  No

Have you ever participated in, or been accused or convicted of child abuse, molestation, or any improper conduct involving a minor?  
 Yes  No

Have you ever been convicted of or plead "no contest" to any criminal offense of any kind?  Yes  No

Have you, in the past ten years, been arrested and/or convicted of a felony or misdemeanor crime which has not been annulled, expunged or sealed by a court?  Yes  No

(If you answered "yes" to any of the above questions, please explain in the comment section below:)

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that All Faiths Receiving Home is regulated by the Children, Youth and Families Department of the State of New Mexico, which requires a Criminal Record Clearance report to be obtained on all volunteers who work directly with children. The following convictions may\* disqualify a person from volunteering as a provider of direct care to children, as per the General Provisions Governing Criminal Records Checks and Employment History Verification 8.8.3.13, effective July 30, 2001: (1) Child abuse and/or neglect; (2) Family or domestic abuse or violence; (3) Any crime against a child, including, but not limited to child pornography, false imprisonment, kidnapping, endangerment of a minor, contributing to the delinquency of a minor; (4) Rape, criminal sexual penetration, criminal sexual contact, incest or other non-consensual or forcible sexual acts; (5) Any crime involving adult abuse, neglect or financial exploitation; (6) Indecent exposure; (7) Felony larceny, robbery, burglary or aggravated burglary; (8) Felony trafficking of controlled substances; (9) Arson; (10) Any criminal offense involving fraud; or (11) Any crime involving moral turpitude, including but not limited to prostitution, solicitation, possession of controlled substances, minor in possession of alcohol, driving while intoxicated or driving under the influence (both felon and misdemeanor), petty theft and any other offense that a reasonable person believes would impact a person's ability to provide a safe setting for children.

\*Any person who is denied the privilege of providing childcare services may request a review pursuant to 8.8.3.14 (of these provisions).

**REFERENCES:**

***INCLUDE ONLY PERSONS FAMILIAR WITH YOUR WORK ABILITY. Do not include relatives.*** Three references are required.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the note on the first page of this application and that the answers given by me to the foregoing questions and the statements made by me are true. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my volunteer service. I authorize the company and/or its agents, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during my volunteer service. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs during my volunteer service. Further, I understand and agree that my services as a volunteer may, be terminated with or without cause, with or without notice, at any time, at the option of the company or myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application will be kept on file for one year and will expire at that time. After one year, if you wish continued consideration for volunteer service, it will be necessary for you to submit a new application.

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

As an applicant for a volunteer position with All Faiths Receiving Home, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Type or print name on this line)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Type or print name on this line)