



# ALL FAITHS

## 5.2 VOLUNTEER APPLICATION

1709 Moon Street NE  
Albuquerque, NM 87112

505-271-0329 tel  
505-271-4957 fax  
www.allfaiths.org

### PERSONAL INFORMATION [All fields must be filled]

First name		Last name	
Social security number		Occupation	Email address
Current address		City	State Zip
Telephone [day]		Telephone [evening]	
How long have you lived at your current address?			
1	Previous address	City	State Zip
	How long did you live at this address?	Years	Months
2	Previous address	City	State Zip
	How long did you live at this address?	Years	Months

### SECURITY

List states and countries of residence for the past 7 years:

Years	Months	Country	State
Years	Months	Country	State
Years	Months	Country	State
Years	Months	Country	State
Years	Months	Country	State
Years	Months	Country	State
Years	Months	Country	State

Have you used any names or social security numbers other than the ones given above?  Yes  No

If yes, please explain:

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

If yes, please explain:

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

If yes, please explain:

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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 yes, please explain:

### REFERENCES [3 required]

1 First name	Last name		
Current address	City	State	Zip
Telephone [day]	Telephone [evening]		
Years known	Relationship		
2 First name	Last name		
Current address	City	State	Zip
Telephone [day]	Telephone [evening]		
Years known	Relationship		
3 First name	Last Name		
Current address	City	State	Zip
Telephone [day]	Telephone [evening]		
Years known	Relationship		

### CERTIFICATION AND RELEASE

I certify that I have read and understand this document and that the answers given by me 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 service 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.

By checking here, I agree to the certification and release.

Signature

Date

*Thank you. Please allow 3 business days for a representative from All Faiths to contact you upon submission.*