



## THE NETWORK Volunteer Center

Senior Programs – Munson Center

975 S. Mesquite Street Las Cruces, NM 88001

Phone: 575-528-3035

Fax: 575-528-3352

[www.las-cruces.org/TheNetwork](http://www.las-cruces.org/TheNetwork)



# Application for Volunteer Service

## Personal Information

Date of Application: \_\_\_\_\_

Title (check one):     Mr.    Mrs.    Ms.    \_\_\_\_\_

Birth Date: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Are you Hispanic or Latino?    Yes    No

Are you a Veteran?    Yes    No

Race (select one or more):     American Indian/Alaska Native    Asian    Black/African American    Hispanic  
 Native Hawaiian/Pacific Islander    White    Prefer not to respond

## Emergency Contact

Name (first, last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Beneficiary for free Supplemental Volunteer Insurance

Name (first, last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## References    Professional and volunteer preferred.

1) Name (first, last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

1) Name (first, last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Sample Volunteer Opportunities Please check all that interest you.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Administrative Support   | <input type="checkbox"/> Dining Room Aide    | <input type="checkbox"/> Sewing / Quilting / Knitting Leader |
| <input type="checkbox"/> Animal Services          | <input type="checkbox"/> Driver / Deliveries | <input type="checkbox"/> Senior Programs Representative      |
| <input type="checkbox"/> Arts & Crafts Instructor | <input type="checkbox"/> Greeter             | <input type="checkbox"/> Special & One-time Events           |
| <input type="checkbox"/> Bingo Caller             | <input type="checkbox"/> Hospice Volunteer   | <input type="checkbox"/> Translator (English/Spanish)        |
| <input type="checkbox"/> Café Worker              | <input type="checkbox"/> Library Services    | <input type="checkbox"/> Veterans' Service and Support       |
| <input type="checkbox"/> Computer Teacher         | <input type="checkbox"/> Museum Guide        | <input type="checkbox"/> Youth Mentor                        |
| <input type="checkbox"/> Community Gardener       | <input type="checkbox"/> Receptionist        | <input type="checkbox"/> Other: _____                        |

## Additional Information

What is your educational background? \_\_\_\_\_

Why do you wish to volunteer? \_\_\_\_\_

How did you learn about our volunteer opportunities (check one or more)?

City Website       Flyer       Friend       Newspaper       Radio       Other: \_\_\_\_\_

Will you require any special accommodations as a volunteer?  Yes     No

**If yes**, please explain: \_\_\_\_\_

Are you currently a member of City of Las Cruces Senior Programs?  Yes     No

Have you been convicted of (or plea bargained to) any violations of law including a felony charge?     Yes     No

Do you have any pending charges or cases open in which a decision has not been made yet?                       Yes     No

**If yes** to either question above, please provide a description of the offense, date of charge, date of conviction, pending charges, County, City or State of convictions:

---

**Please note volunteer placement may be subject to the results of a criminal background check or other screening.**

## Availability

I desire a (check one):     Regular, weekly schedule     On-call schedule     One-time opportunity

Please check your availability for volunteer service below:

Monday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Saturday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
Tuesday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Sunday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
Wednesday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.			
Thursday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.			
Friday	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.			

**Note:** City of Las Cruces standard hours are:  
Monday- Friday 8 a.m. - 5 p.m.

## Volunteer Agreement

I certify that the above information is correct and complete to the best of my knowledge, without consequential omission of any kind. I authorize The Network to release information requested regarding my service, character and qualifications. I understand that The Network may conduct a criminal background check as part of the screening process if my volunteer service involves either working with children, frail seniors, or concerns sensitive information. I understand that I am not an employee of The Network, The City of Las Cruces or the Volunteer Station and agree to serve without compensation or employee benefits. Specifically, I recognize that I will not be entitled to Worker's Compensation should I become injured during my volunteer service. I recognize that volunteer work is not without risks and I agree to help minimize those risks by exercising reasonable judgment and due care for my safety, which may involve not performing a task that goes beyond the risks I wish to accept. I further agree that if I use my personal automobile to drive to and from my Volunteer Station or during my service, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the state of New Mexico and will ensure that my driver's license is kept current and has not expired. I acknowledge that by completing this application, The Network is not obligated to offer me a volunteer position.

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

**Please Return Application to the Volunteer Coordinator.** Fax: 575-528-3352 Email: [thenetwork@las-cruces.org](mailto:thenetwork@las-cruces.org)

\*\*\*\*\*

**FOR OFFICE USE ONLY** Age verified:     Yes       No       N/A    References Checked:                       Yes     No     N/A

Interviewed By: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Station(s) Assigned: \_\_\_\_\_

Position Title: \_\_\_\_\_ Schedule (day, hours): \_\_\_\_\_

Forwarded to Supervisor (name/date): \_\_\_\_\_ Date entered in Volunteer Reporter: \_\_\_\_\_

Start Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_ Reason(s): \_\_\_\_\_