



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/volunteernetwork



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"/> Dance and activity planner | <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 A.M. P.M. Saturday A.M. P.M.
Tuesday A.M. P.M. Sunday A.M. P.M.
Wednesday A.M. P.M.
Thursday A.M. P.M.
Friday A.M. 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. I also understand that the Network/City of Las Cruces may use my story, photos and videos of me and my volunteer service in upcoming publicity and marketing materials. I understand The Network will use an email service to maintain contact with me regarding upcoming events or service opportunities and that I may opt out of this service at any time.

Signature: _____

Date: _____

Signature of Parent (if under 18) _____

Date: _____

Please Return Application to the Volunteer Coordinator. Fax: 575-528-3352 Email: 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): _____

Start Date: _____ Exit Date: _____ Reason(s): _____