



**Volunteer Application**

DIVISION (please circle one)		
Pre-K/Kinder	1 <sup>st</sup> / 2 <sup>nd</sup>	Other: _____
SPORT: _____		
Team Name: _____		
School: _____		

We are pleased, and want to thank you, for choosing to donate your valuable time for the City of Las Cruces in the **Parks & Recreation Department** as a **Volunteer Coach**.

Your volunteer service involves either working with children, seniors, or concerns sensitive information. Therefore, as a safeguard for our community, we require a background check at no charge to the volunteer. The permission for us to perform the background check is included in this form.

Again, thank you so much for volunteering, and for taking the time to ensure that our staff and community are safe for the important duties you are asked to perform. Please fill out the following information.

**PLEASE PRINT:**

\*Name \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

\*City, State, Zip Code \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Person to notify in case of an emergency \_\_\_\_\_

\*Relation to you \_\_\_\_\_

**DISCLAIMER:**

*I desire to volunteer my services to the City of Las Cruces. I recognize that as a volunteer, I will not be an employee of the City of Las Cruces nor will I be entitled to any benefits available to such employees. Specifically, I will not be entitled to Worker's Compensation benefits should I become injured while providing such services.*

\*Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*Required

\_\_\_\_\_  
Parent or Guardian  
(If Volunteer is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**EMPLOYMENT CONSENT AND DISCLOSURE FORM**

Date: \_\_\_\_\_ The HR Department of the City of Las Cruces is an Authorized Agent of the American Background Information Services, Inc.

**EMPLOYEE RELEASE:**

I understand an investigation report will be generated on me which may include obtaining information regarding, among other items, criminal history records, Sex Offender from any criminal justice agency in any or all federal, state, city, and county jurisdictions, state Department of Motor Vehicle/Driver’s License Records to include traffic citations and registration, military records from the National Personnel Record Center, subject to state and federal law. I also understand, the City of Las Cruces may obtain further information through subsequent investigations by American Background Inc., so as to update, renew or extend employment. I fully understand the City and/or their agent American Background Information Services Inc. may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the City of Las Cruces and or their agent American Background Information Services Inc. to do so. I certify that all information below is true and complete to the best of my knowledge.

\* I understand that before I am denied employment based, in whole or part, on information obtained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the FCRA.

\* I hereby consent to the investigations and authorize, without reservation, any one contacted by the City of Las Cruces and/or their agent American Background Information Services Inc. to furnish the information as stated above.

\_\_\_\_\_  
Contractor/Applicant’s Signature \_\_\_\_\_  
Phone (day and night numbers)

\_\_\_\_\_  
Printed Name (First Name) (Middle Name) (Last Name, Suffix)

\_\_\_\_\_  
Mother’s Maiden Name

\_\_\_\_\_  
Maiden Name/Other Names Used \_\_\_\_\_  
**Social Security Number-** A Social Security Number is required for a criminal background check. However, it is optional for all other pre-employment screenings. Your Social Security number will only be used in order to confirm your identity for purposes of completing an accurate background investigation.

\_\_\_\_\_  
Home Address (no P.O. Box numbers) City, State, Zip \_\_\_\_\_  
Dates at this address

\_\_\_\_\_  
Previous Address (no P.O. Box numbers) City, State, Zip \_\_\_\_\_  
Dates at this address

**Driver’s License Information**

For Valid OR Non-Valid Driver’s License Complete the Following:	
Name as it appears on License:	
Date Issued:	
Expiration Date:	
Issuing State:	
License Number:	

**Date of Birth:** \_\_\_\_\_

The Age Discrimination in Employment Act of 1967 and the New Mexico Civil Rights Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

**Have you ever been convicted of (or plea bargained to) a felony charge?** No Yes

**Note:** A prior conviction will not necessarily disqualify you from employment. However, failure to disclose criminal conviction information is an omission of material fact and may lead to the rescission of any conditional offer of employment, or termination, of an employee's employment at the City of Las Cruces.

If you answered yes, list the nature of the conviction, jurisdiction and terms of sentencing and disposition of the case. Attach an additional page if necessary.

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Fair Credit Reporting Act, Driver's Privacy Protection Act, and ANY APPLICABLE STATE STATUE (S)  
**Notice:** In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statue(s).