

LA CASA, INC.
VOLUNTEER APPLICATION

Date: _____ Social Security No. _____

DOB: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ REFERRED BY: _____

If you are related to anyone in our employment, state name and address:

EDUCATION:

Highest grade completed: _____ High School _____ College

Course of Study: _____

Other formal education or training: _____

Professional Certification: _____

EMPLOYMENT HISTORY:

1) Present employer: _____

Name of supervisor: _____

Business address: _____

Occupation: _____

Length of employment: _____

Telephone number: (____) _____

2) Previous employer: _____

Name of supervisor: _____

Business address: _____

Occupation: _____

Length of employment: _____

Telephone number: (____) _____

Reason for leaving: _____

PLEASE CHECK ANY PROGRAM YOU WOULD LIKE TO VOLUNTEER IN:

____ ADMINISTRATION

____ MEN'S PROGRAM

____ CHILDREN'S PROGRAM

____ DONATIONS

____ EDUCATIONAL OUTREACH

____ CIVIL LEGAL SERVICES

____ NON-RES COUNSELING

____ SHELTER PROGRAM

3) Do you feel you would be unable to work objectively with any type of client?

_____ yes

_____ no

If yes, explain:

4) Do you speak any language other than English? _____ yes _____ no

If yes, which? _____

Read? _____ Write? _____

5) What special talents or interests do you have that would enhance our program? (e.g., arts and crafts, story telling, computer skills, handy person, etc.)

6) Have you ever been convicted of a felony? _____ yes _____ no

If yes, please explain the circumstances:

7) Do you have to do community service? _____ yes _____ no

If yes, how many hours? _____

8) PLEASE INDICATE THE DAY OR DAYS AND TIME YOU WILL BE AVAILABLE TO VOLUNTEER:

DAY	A.M	A.M.	P.M.	P.M.
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

Would you do this on a weekly or monthly basis? _____

Would you commit to three hours per week for three months? _____

What other scheduling would you consider? _____

Have you ever done volunteer work before? _____ yes _____ no

If yes where?

Why do you wish to volunteer at La Casa?

NAME OF A PERSON TO CONTACT IN AN EMERGENCY:

ADDRESS: _____ PHONE #: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

CONFIDENTIALITY STATEMENT

As a La Casa Inc. Volunteer you may become aware of confidential information regarding La Casa clients and their family members. Under *no circumstances* can you disclose any such information, no matter how inconsequential it may seem, to any person who is not an employee of La Casa Inc. This includes other volunteers and your immediate family members.

Discussing the details of a client's case, even though names are not revealed, could also be considered a breach of confidentiality. That is, one might possibly describe in detail facts about the client and never mention who the person is or allude in any way to names or any type of descriptive data, and yet reveal enough that the listener might possibly identify the client.

The fact that a case has been made public through any of the news media, does not alter the fact that this person still has confidentiality privileges within La Casa Inc.

Unless particular contractual arrangements are made with program staff, volunteers will have no access to client records. All volunteers will follow the confidentiality policy as outlined.

I understand and agree to the above policy, and am aware that any breach of confidentiality will result in my dismissal as a volunteer.

Signed: _____

Date: _____



APPLICANT WRITTEN STATEMENT

INSTRUCTIONS: Use additional sheets as necessary. All questions must be answered completely and to the best of your knowledge. If you are applying for "Employment in a Licensed Childcare Home," all adult household members (age 18 and over) must fill out their own Applicant Written Statement and provide fingerprint card and the required fee. Please print legibly. Answers left blank, or a response of "N/A" may result in the rejection of the application.

Full Name (include birth name, married name(s), nick names, and aliases. Do not use initials).

Date of Birth (month, day, year) Place of Birth (city, state, country) Social Security Number Primary Language

Current Physical Address

Address
Address (optional)
City State Zip

Mailing Address (if different from physical)

Address
Address (optional)
City State Zip

Contact Information

Primary Phone Number
Secondary Phone Number (optional)
E-Mail Address

Previous Address/Addresses (past ten years, most recent first, and include number, street, city, state, zip code.)
If you need more space, use a separate sheet of paper.

Address Address Address
Address (optional) Address (optional) Address (optional)
City State Zip City State Zip City State Zip

Current Spouse/Significant Other

First Middle Last Date of Birth(month, day, year) Social Security Number

Full Name(s) and Date(s) of Birth of: Birth Children, Adopted Children, Foster Children, and other Children who have lived in your household(s) within the past ten years (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Current Marital Status (circle one): Single Married Separated Divorced Widowed

Full Name(s) and Date(s) of Birth of all Adults who have previously lived with you (within the past ten years) (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Full Name(s) and Date(s) of Birth of all Adults who are currently living with you (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Names and Places of School(s) attended, along with graduation dates (High School, University, College, and Vocational Training) (If you need more space, use a separate sheet of paper)

Name of School	Location of School	Graduation Date	Type (high school, college, etc.)

Employment History (list all dates and places of employment from age 18 to date - explain breaks in employment) (If you need more space, use a separate sheet of paper)

Employer	Start Date	End Date	Explain Break in Employment

IF YOU DO NOT UNDERSTAND THESE QUESTIONS, PLEASE SEEK GUIDANCE BEFORE ANSWERING THEM!

Have you ever been involved in a CYFD investigation of abuse or neglect of children or adults as the alleged perpetrator or household member? If so, provide the dates of all such investigations and the outcome of those investigations. NOTE: Failure to provide this information may lead to denial of your application.

Yes, I have been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member (Provide details).

No, I have never been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? NOTE: Failure to provide this information may lead to denial of your application.

Yes, I have been charged with, arrested for, or convicted of a crime (Provide an explanation and disposition).

No, I have never been charged with, arrested for, or convicted of a crime.

Under penalty of perjury, I _____ certify the above statements to be true and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____



Records Division
Authorization for Inspection/Obtaining
Las Cruces Police Criminal Arrest Records

TO: Las Cruces Police Department
Records Division
P.O. Drawer 20000
Las Cruces, New Mexico 88004

Application Date

This will authorize my representative (Name & Organization)

to inspect and/or obtain copies of arrest information concerning myself, if any, filed with the Las Cruces Police Department.

Date of Birth:

Name - SIGNATURE

Place of Birth:

Name - PRINT IN FULL

Social Security Number:

Street Address

City State Zip Code

State of

County of

Subscribed and sworn to before me on this day of 20

Notary Public

My commission expires:

Access to arrest records will be granted only during normal working hours, Monday through Friday, excluding legal holidays. Pursuant to City of Las Cruces resolution #89-231 the following service fees will be assessed.

Criminal Records Checks: \$3.00 per name check without formal letter
\$5.00 per name check with formal letter.

Record Inspected and pages purchased for \$ Case # Arrest #

with letter \$5.00 Record Inspected only (no copies purchased) \$3.00 without letter

Remarks:

LCPD Records Employee Signature

Section 29-10-4 Confidentiality of arrest records. Arrest record information that reveals confidential sources, methods, information or individuals accused but not charged with a crime and that is maintained by the state or any of its political subdivisions pertaining to any person charged with the commission of any crime is confidential and dissemination or revealing the contents of the record, except as provided in the Arrest Record Information Act (Chapter 29, Article 10 NMSA 1978) or any other law is unlawful. THIS ORIGINAL FORM SHALL BE RETAINED BY THE RECORDS DIVISION, LAS CRUCES POLICE DEPARTMENT