



EPICS Volunteer Application

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Address: _____

State: _____ Zip Code: _____ Email: _____

Phone Number: _____ Alternative Phone: _____

What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM 9am – 1pm							
PM 1pm – 5pm							

Emergency Contact Information

Name: _____ Relationship to Applicant: _____

Phone Number: _____ Alternative Phone: _____

General Information

Hobbies, Interests, or Skills:

How did you learn about EPICS?

Any previous or current work experience? If so, where?

Any previous volunteer experience? If so, where?

Is volunteering a requirement for school? If so, how many hours are required and what is the deadline?

Why are you interested in volunteering with EPICS?

What are you most interested in doing with your time at EPICS?

___ No Preference | ___ Clerical Work | ___ Conference Preparation | ___ Conference Volunteer | ___ Outreach

___ Other: _____

Medical Information

Please specify in detail any special needs, allergies, or medical conditions (including behavioral or disability-related) that EPICS needs to be aware of:

Background

Have you ever been convicted, pled guilty, or pled no contest, nolo contendere or entered an Alford plea or any plea or judgement entered in connection with a suspended sentence in New Mexico or any other State or jurisdiction? Answering “yes” will NOT automatically bar you from volunteering.

Answer: _____

If yes, please indicate the requested information below:

Date:	Charge:	City/State:	Disposition:

I, _____ certify that all of the information provided in this volunteer application is true and correct to the best of my knowledge. I understand and acknowledge that my service as an EPICS volunteer is completely voluntary and I will perform my role without any promise, expectation, or receipt of compensation. I further understand that I may decline to perform any task I do not feel comfortable performing, and/or to terminate my volunteer service at any time without penalty.

Print Name: _____ Signature: _____ Date: _____

*In addition to filling out this application you will also receive a brief interview.

PLEASE BE SURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY

E-mail application to: sbegay@epicsnm.org; Re: Volunteer Application

OR, FAX application to (505) 767-6631, ATTN: Sacheen Begay

OR, mail application to: 2201 Buena Vista Dr, S.E., Suite 201 Albuquerque, NM 87106