



TOWN OF EDGEWOOD VOLUNTEER PROGRAM

VOLUNTEER APPLICATION

The Town of Edgewood operates a civic engagement program that provides volunteer services to various Town departments. This volunteer application is designed to give applicants an opportunity to share their background, experience, interest, and skills that allow the Town to make the best possible volunteer placement.

CONTACT INFORMATION AND PERSONAL DATA:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Cell Phone: _____
E-Mail: _____
Preferred method of contact: E-Mail _____ Telephone: _____
Are you 18 years of age or older? Yes _____ No _____
Birthdate: ____/____/____
Do you possess a valid State Drivers License? _____
License # _____ State _____
Expiration Date: ____/____/____

SPECIAL SKILLS AND INTEREST

(Check the appropriate skills)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Mechanics
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Painting
<input type="checkbox"/> Clerical	<input type="checkbox"/> Photography
<input type="checkbox"/> Computer	<input type="checkbox"/> Planning
<input type="checkbox"/> Communication	<input type="checkbox"/> Research
<input type="checkbox"/> Counseling	<input type="checkbox"/> Sports
<input type="checkbox"/> Education	<input type="checkbox"/> Training
<input type="checkbox"/> Engineering	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Environment	<input type="checkbox"/> Technical Writer
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Tour Guides
<input type="checkbox"/> Health Care	<input type="checkbox"/> Youth Activities
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Other _____
<input type="checkbox"/> Library	
<input type="checkbox"/> Law Enforcement	
<input type="checkbox"/> Authorities, Boards, Commissions, and Committees	

List any languages, other than English, which you speak fluently. _____

PREVIOUS VOLUNTEER WORK

ORGANIZATION NAME	VOLUNTEER POSITION/DUTIES	FROM/TO

EDUCATION

TYPE OF SCHOOL	SCHOOL	MAJOR COURSE	DEGREE/DATE
High School or GED			
Business or Technical			
Undergraduate Studies			
Graduate Studies			

WORK EXPERIENCE (Use additional sheet if necessary)

Briefly describe your current and/or past work experience (duties and responsibilities.)

Please return to: Town of Edgewood, Attn: Clerk-Treasurer, P.O. Box 3610, Edgewood, New Mexico 87015 or drop off at 1911 Old Highway 66, Edgewood, New Mexico. Contact: (505) 286-4518 E-mail: clerk@edgewood-nm.gov; Website: www.edgewood-nm.gov

AVAILABILITY

Please check all days of the week you are available.

Monday	_____	Preferred work hours:	_____	to	_____
Tuesday	_____	Preferred work hours:	_____	to	_____
Wednesday	_____	Preferred work hours:	_____	to	_____
Thursday	_____	Preferred work hours:	_____	to	_____
Friday	_____	Preferred work hours:	_____	to	_____
Saturday	_____	Preferred work hours:	_____	to	_____
Sunday	_____	Preferred work hours:	_____	to	_____

Number of hour's _____ per week/per month _____

Do you have service hours that you are required to fulfill? Yes ___ No ___

REFERENCES (Please list two references other than family members).

Name _____
Street Address _____
City/State/Zip _____
Work Phone _____
Home Phone _____

Name _____
Street Address _____
City/State/Zip _____
Work Phone _____
Home Phone _____

Why do you want to be a volunteer: _____

In case of emergency, please contact _____ Phone _____
Relationship _____

Have you been convicted of a felony? Yes ___ No ___

Have you been convicted of a misdemeanor other than minor traffic offenses? Yes ___ No ___

If yes, please explain _____

VOLUNTEER AGREEMENT

I understand that I am offering my services to the Town of Edgewood without compensation. Once I become a Town of Edgewood Volunteer, I agree to abide by all Town rules, regulations and policies, either published or in effect by custom and usage, and all rules, regulations and laws of the State of New Mexico as may be required by Town and State Statutes. I understand by signing the Volunteer application, I hereby grant the Town permission to perform a check on my background, including criminal record, driving record, past employment and volunteer history and person references. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work.

Signature

Date