

# HOLOCAUST & INTOLERANCE MUSEUM OF NEW MEXICO

—combating hate and intolerance and promoting understanding through education—

## Contact information (please print)

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Day phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

email address: \_\_\_\_\_

*The following information is requested because you will be working with children, and it is possible we will conduct a background check. The Privacy Act of 1974 applies.*

## Background information (please print)

1. DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: \_\_\_\_\_

Former name(s)/aliases: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

If so, where? \_\_\_\_\_

2. Physical description: attach copy of your current driver's license or photo ID.

### 3. CIRCLE THE APPROPRIATE RESPONSES

I **HAVE / HAVE NOT** been convicted of a sex offense against any person at any time as defined by the Megan's Law of any jurisdiction or any sex crime similar to the crimes listed as sex offenses under the New Mexico Sex Offender Registration and Notification Act.

I **HAVE / HAVE NOT** been convicted of a felony or other crime punishable by a jail term of more than one year.

### 4. WAIVER AND CONSENT

I hereby consent to a background investigation. I agree to immediately notify the museum administrator and/or the volunteer coordinator upon my arrest for a felony or any other offense.

5. I attest that all of the above information is truthful and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or legal guardian is required if volunteer is under the age of 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete  
second side**

**The Privacy Act of 1974 applies.**

Phone: 505-247-0606  
616 Central Avenue SW Albuquerque NM 87102

# Application for volunteer position (please print)

1. Name/nickname (what would you like on your museum badge?)

\_\_\_\_\_

2. Position sought (check all that apply)

Clerical aide

\*Is there a chore you are unwilling or unable to do?

\_\_\_\_\_

Library assistant

\_\_\_\_\_

Docent/speaker

\_\_\_\_\_

Greeter/scheduler/phone

\*Do you have special talents you would like to share?

\_\_\_\_\_

Handy person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Your level of education: \_\_\_\_\_

4. Tell us about your interest in our museum: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please provide two references.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Submit completed application to: Holocaust & Intolerance Museum of New Mexico  
POB 1762  
Albuquerque NM 87103-1762  
Or [Iberner@nmholocaustmuseum.org](mailto:Iberner@nmholocaustmuseum.org)