

Contact information (please print)

Name (first, middle, last): _____

Address: _____

City, State, ZIP: _____

Day phone: _____ Mobile phone: _____

Email address: _____

Vehicle Information: _____

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: _____ 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.

Application for volunteer position (please print)

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

2. Position sought

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

(Check all that apply)

Front desk/administrative

Library assistant

Docent/speaker

Other _____

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

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: New Mexico Holocaust Museum and Gellert Center for Education
POB 1762
Albuquerque NM 87103-1762
or email volunteers@nmholocaustmuseum.org