

## VOLUNTEER APPLICATION (PLEASE PRINT)

Name (first, middle, last):	
Address:	
City, State, ZIP:	
Day phone: Mobile phone:	
Email address:	
Vehicle information (license plate number):	
The following information is requested because you will be wo possible we will conduct a background check. The Privacy Act	
BACKGROUND INFORMAT	OION
DOB: Preferred pronouns: _	
Former name(s)/aliases:	
Have you ever been convicted of a misdemeanor or felony?	
If so, where?	
Physical description: attach copy of your current driver's lice	
Circle the appropriate responses	
I HAVE / HAVE NOT been convicted of a sex offense against a	any person at any time as
defined by the Megan's Law of any jurisdiction or any sex crin	ne similar to the crimes listed
as sex offenses under the New Mexico Sex Offender Registration	on and Notification Act.
I HAVE / HAVE NOT been convicted of a felony or other crim	e punishable by a jail term of
more than one year.	
WAIVER AND CONSENT: I hereby consent to a background in	nvestigation. I agree to imme-
diately notify the museum administrator and/or the volunteer	r coordinator upon my arrest
for a felony or any other offense.I attest that all of the above in	nformation is truthful and
accurate.	
Signature: Date:	

PLEASE COMPLETE SECOND SIDE

POITION SOUGHT (check all that apply)	Is there any chore you are unwilling or unable to do?
Front desk	
Library assistant	Do you have special talent(s) to share?
—— Docent/speaker	
Other	
`ell us why you are interest	ed in our museum
Please provide two reference	es
1	
lame:	Phone:
Name:	Phone:
S. 1	
Submit completed application	on to New Mexico Holocaust & Intolerance Musuem PO Box 1762
	Albuquerque NM 87103-1762
Or email	volunteers@nmhim.org
O's an a training of	
Signature of narent or	legal guardian is required if volunteer is under 18.
Signature or parent or	
Signature:	