



VOLUNTEER APPLICATION

Application Date

Please complete the entire application, and attach a resume (if you have one).

Personal Information		
First Name	Middle	Last Name
Preferred Name	E-mail Address	Current Occupation and Profession Licenses, if any:
Have you previously worked or volunteered for Adelante Development Center?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give dates and details		
Do you have any relatives currently employed by Adelante?		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give name(s), relationship, department & position:		

References <i>Please list two non-family members we can contact. Do not include more than one Adelante staff member.</i>		
First Name	Last Name	Daytime Phone How do you know this person or what is your relationship?
First Name	Last Name	Daytime Phone How do you know this person or what is your relationship?

Person to Contact in an Emergency		
First Name	Last Name	Relationship to the volunteer
Home Phone	Work Phone	Mobile Phone

- 1) How did you hear about the Adelante Volunteer Program? _____

- 2) Please list other volunteer work you have done. Please note experience with individuals with disabilities. _____
- 3) Why do you want to volunteer with Adelante? _____
- 4) Please describe any special interests, talents, training, or work experience that might apply to volunteering with Adelante. _____

Adelante Development Center complies with EEO/ADA guidelines and is a drug-free environment.

Notification and Authorization to Release Criminal Information for Volunteer Opportunity Purposes

Notification

The volunteer position for which I am being considered requires me to consent to a criminal background check be fully vaccinated against COVID-19 as a condition of volunteering.

The criminal background check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

The State of New Mexico issued a vaccination requirement (Public Health Order dated August 17, 2021) for organizations supporting people with disabilities and seniors, including Adelante. These requirements apply to anyone working directly or indirectly with people with disabilities, and team members working in senior assisted living.

Criminal Background Check Authorization

I hereby authorize Adelante Development Center, Inc.® (Adelante®) to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Adelante in collecting this information. I authorize Adelante and/or its agents, including consumer-reporting bureaus, to verify any of the information in my Volunteer application. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons or entities from any liability for any damage whatsoever for issuing this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to volunteering. Such information will be used to determine whether the results of the background check reasonably bear my ability to perform the duties of my position in a manner which is safe for Adelante clients, employees, and other Adelante community members.

COVID-19 Vaccination

I understand that I must be fully vaccinated with either two doses of the Pfizer or Moderna vaccines or one dose of the Johnson and Johnson vaccine, and a COVID-19 booster dose (if eligible) of either of the three vaccines listed above. I understand that I am required to provide written proof (vaccination records) of full COVID-19 vaccination and booster.

Volunteer Position(s) Applied for: _____

Location/Department: _____

Please print (for identification purposes):

Full Legal Name: _____

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

Previous Address (most recent): _____

Cities and States resided in the 7 years prior to completing this authorization:

Phone Number: _____

Alternate Phone Number: _____

Date of Birth (Month/Day/Year): _____ Gender: Female Male

Social Security Number: _____ - _____ - _____

Driver's License #: _____

State of Driver's License# _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes (provide detail below)

No

By placing my name in the signature box below, I certify the above information provided in this Notice and Authorization and any attachments thereto is true and correct. I understand that any falsification or omission of information may disqualify me for this volunteer position and/or may serve as grounds for the severance of my volunteering with Adelante. By signing below I hereby provide my authorization to Adelante to conduct a criminal background check, and hereby release Adelante and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Signature

Date

