



## Children's Grief Center of New Mexico Volunteer Application

Thank you for your interest in volunteering with the Children's Grief Center of New Mexico! Please complete this application as thoroughly and accurately as possible. The Children's Grief Center of New Mexico will not sell, rent, swap, or otherwise authorize *any* third party to use your personal information in *any* way. If you would like to work with children in *any* capacity, we will also need a criminal background check for you on file.

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

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you representing an organization?  Yes  No If yes, please provide the following:

Preferred address to receive CGCNM mailings:  Business  Home

Name of Business/Organization: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Education: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Other interests, training, skills: \_\_\_\_\_

Memberships (professional organizations, association, clubs ): \_\_\_\_\_

Other volunteer positions (current & past): \_\_\_\_\_

What else should we know about you? \_\_\_\_\_  
\_\_\_\_\_

Have you had any significant deaths in your life? Please share the year and circumstance (we recommend waiting a year from a close death before volunteering at the Grief Center):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in, been accused of or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct? \_\_\_\_\_yes \_\_\_\_\_no

### Volunteering Preferences

Please check the volunteer opportunities that interest you the most:

- Development/Fundraising    Public Speaking/Public Relations/Marketing    Event Planning  
 Administrative/Office    Facilitating a children's group    Facilitating an adult's group

Number of hours you are available for volunteering: Per week: \_\_\_\_\_ Per month: \_\_\_\_\_

Preferred days/times of day:

\_\_\_\_\_  
\_\_\_\_\_

Please provide the contact information of 3 individuals with whom you have worked with in prior professional or volunteer positions that we may speak to.

Name

Association

Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

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