

Date interviewed:	Interviewed by:

## **Volunteer Application**

NAME:				DOB:
	First name N	Aiddle initial	Last name	
AD- DRESS:				
•	Street address			
	City		State	Zip
CONTACT:				
Emergen- cy con- tact:	Cell phone	Work phone		Email address
•	Name	Cell phone		Work phone
Employer:				
	Company Name work?	Phone numbe	er(s)	May we call you at
Educa- tion:				
	Level completed	Degree (if any	v)	
Are you a licensed driver? YES / NO		If yes, wha	at state?	
Do you hav / NO	ve liability insurance? Y	ES / NO Are you a	ble to help wi	th transportation? YES
Do you spe	eak a foreign language?	YES / NO Which lan	guage(s), at v	vhat level?
-	ver been convicted of a se elaborate:	criminal offense? YE	S / NO	
Please spec	cify any medical/physica	al limitations:		
How did yo	ou learn about Crossroad	ds for Women?		

		st and/or current vol and your position/re	-	_			
What area or position at Crossroads are you most interested in? If nothing specific comes to mind, please list the skills or interests that you would like to develop by volunteering here.							
Is there anything else you would like us to know about you?							
Your availability (ci	rcle all that apply):	:					
Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM			
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM			
Check one: [ ] I will bring a photo of myself. [ ] I will email a photo of myself. [ ] Please take my photo.							
•		men and its designee ited to this application		round checks			
Signature							
Please s	ubmit this completed	d application in person,	by fax, by mail, or by	email to:			

Resource Development Director (address, fax number below) amandadouglas@crossroadsabq.org

**Amanda Douglas** 

<sup>\*</sup>PARKING: Please park in either of the two lots designated for Crossroads. There is one lot immediately East of our building (enter from Tijeras Ave) and a second lot North of the building (accessible only from Marquette Ave), between 8<sup>th</sup> Street and Keleher Ave.