



# EPICS Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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## What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b> 9am – 1pm							
<b>PM</b> 1pm – 5pm							

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## Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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## General Information

Hobbies, Interests, or Skills:

\_\_\_\_\_

\_\_\_\_\_

How did you learn about EPICS?

\_\_\_\_\_

Any previous or current work experience? If so, where?

\_\_\_\_\_

\_\_\_\_\_

Any previous volunteer experience? If so, where?

\_\_\_\_\_

\_\_\_\_\_

Is volunteering a requirement for school? If so, how many hours are required and what is the deadline?

Why are you interested in volunteering with EPICS?

What are you most interested in doing with your time at EPICS?

No Preference |  Clerical Work |  Conference Preparation |  Conference Volunteer |  Outreach

Other: \_\_\_\_\_

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### Medical Information

Please specify in detail any special needs, allergies, or medical conditions (including behavioral or disability-related) that EPICS needs to be aware of:

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

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### Background

Have you ever been convicted, pled guilty, or pled no contest, nolo contendere or entered an Alford plea or any plea or judgement entered in connection with a suspended sentence in New Mexico or any other State or jurisdiction? Answering “yes” will NOT automatically bar you from volunteering.

Answer: \_\_\_\_\_

If yes, please indicate the requested information below:

Date:	Charge:	City/State:	Disposition:

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I, \_\_\_\_\_ certify that all of the information provided in this volunteer application is true and correct to the best of my knowledge. I understand and acknowledge that my service as an EPICS volunteer is completely voluntary and I will perform my role without any promise, expectation, or receipt of compensation. I further understand that I may decline to perform any task I do not feel comfortable performing, and/or to terminate my volunteer service at any time without penalty.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\*In addition to filling out this application you will also receive a brief interview.

**PLEASE BE SURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY**

E-mail application to: [kwoody@epicsnm.org](mailto:kwoody@epicsnm.org); Re: Volunteer Application

Or, FAX application to (505) 767-6631, ATTN: Kelsey Woody

Or, mail application to: 1600 San Pedro Dr. NE, Albuquerque, NM 87106