



805 Tijeras Avenue NW  
Albuquerque, NM 87102  
www.crossroadsabq.org  
505-242-1010 (office)  
505-242-1551 (fax)

## Volunteer Application Form

Name: \_\_\_\_\_

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

Street: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer & Work Address: \_\_\_\_\_

\_\_\_\_\_

May we contact you at work? yes \_\_\_\_\_ no \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any medical/physical limitations: \_\_\_\_\_

\_\_\_\_\_

Education Level Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

Licensed Driver: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, what state: \_\_\_\_\_

Are you able to assist with transportation? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, do you have liability insurance? yes \_\_\_\_\_ no \_\_\_\_\_

Do you speak a foreign language? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what language(s) and level of fluency: \_\_\_\_\_

Have you ever been convicted of a criminal offense? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list & briefly describe any past and/or current volunteer positions including name of agency/company, length of service, & your position. Include a brief statement as to whether you found these experiences positive.

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Please describe the qualities & skills that you bring as a volunteer and why you are interested in volunteering with Crossroads for Women.

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How did you learn about Crossroads for Women? \_\_\_\_\_

Availability:

Time Available: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Days Available:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

I hereby authorize Crossroads for Women and its designees to perform background checks and/or personal reference checks related to this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please allow two weeks to process this application: Thank you!

Submit completed application to:  
Crossroads for Women  
805 Tijeras Ave. NW  
Albuquerque, NM 87102

