



YOUTH & FAMILY SERVICES

Volunteer Application

Date: _____

Volunteer Information:

Name _____
(Last) (First) (Middle)

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Have you ever worked for New Day? Yes No

If yes, when? _____

How would you like to volunteer? _____

If interested in teaching, what class would you like to teach? _____

Domain of Class (from page #2) _____

Education

Background	Name & Location of School	Highest Grade Completed	Major Area of Study
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Licenses or Certificates: _____



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Life Skills Academy Domains & Classes

DAILY LIVING/ HOME MANAGEMENT	LIFE IN THE COMMUNITY	SELF-CARE	SOCIAL RELATIONS & COMMUNICATION	WORK STUDY SKILLS/ CAREER PLANNING	SAFETY /SURVIVAL
Nutrition	Beliefs about money	Personal hygiene	Personal development	Work goals	How to get help
Menu Planning	Saving	Health	Cultural awareness	Employee workplace communication	Street smarts
Grocery shopping	Taxes	Alcohol/Drugs / Tobacco	Relationships	Decision making	Unsafe people & places
Meal prep- Cooking Skills	Banking/Credit	Sexuality	Community services	Study skills	Avoiding harmful situations
Table manners	Budget/Spending Plans	Relationships – positive peer life	Interpersonal Communication	Acquiring & maintaining a job	Self defense
Kitchen	Legal Issues	Values clarification	Peer mediation	Preparation for job	Abuse/ Knowledge
Cleanup	Housing	Safe sex	Communication skills	Creating a Resume	Sex/Physical Activity
Food storage	Transportation	Exercise/ Physical Activity	Healthy Assertiveness	How to Interview	Getting help
Leisure time	Community Resources		Dealing with Conflicts	GED Prep	Who to talk to
Consuming & consumer skills	Tenancy		Vision values	College Prep	
	How to Get Utilities			How to Complete a Application	
	Using the Newspaper			Military Prep	



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Qualifications

Do you have training or skills in any of the following areas? Check all that apply. If, yes indicate number of hours and date of training.

Training Topics	Yes / No	Dates of Training
First Aid / CPR (Current)		
Managing Aggressive Behavior		
Crisis Prevention Intervention		
Medication Management		
Child Abuse and Neglect Laws		
Communication skills and techniques		
Conflict Resolution		
Crisis Management /Intervention		
Child & Adolescent Development		
Knowledge of abusive family dynamics		
Cycle of violence dynamics		
Identifying Client Strengths		
Therapeutic behavior management		
Etiology and symptoms of emotional disturbances		
Ethnic and cultural Awareness		
Accessing community resources and services		
Disciplinary Strategies		
Positive Youth Development Techniques		
Shelter Culture of Care		
HIPAA Requirements and Laws		
Current criminal records check (CRC)		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		

Note: If you have taken college courses or trained in similar topics please indicate what those topics or subjects were.



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Personal Information

Are you at least 21 years of age? Yes No

Do you have a valid NM driver’s license? Yes No

If no, explain: _____

Have you been convicted of a DWI or DUI in the past 5 years? Yes No

If yes, explain: _____

Have you been arrested for offenses dealing with mistreatment of children? Yes No

If yes, explain: _____

Have you been arrested for violations or moral turpitude? Yes No

If yes, explain: _____

Have you had any traffic violations within the last 3 years? Yes No

If yes, explain: _____

Is there anything in your background that might cause concern about hiring you to work with children (i.e. arrests, convictions, drug use, etc.)? Yes No

If yes, explain: _____



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Driver Information

New Day Insurance Policy requires that employees who drive on agency business, either in a personal or company vehicle, must be insurable. Please provide proof of current automobile insurance regularly. Acceptable driving record is a continuing condition of employment.

Drivers License # _____ Expiration Date _____

Birth Date _____ Social Security# _____

I understand that such information may be required now and from time to time in the future to comply with the safety program of New Day, and/or requirements of companies providing insurance to the Agency. I authorize New Day to obtain information from the Department of Motor Vehicles on my driving history.

Applicant Signature _____ Date _____



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LETTER OF ATTESTATION

Until the Criminal Records Check (CRC) is completed for: _____
Employee Printed Name

Position

Department

He/she will not work with clients without the direct supervision of staff who have been CRC cleared. He/she will be in the line of sight of a CRC cleared staff at all times.

Supervisor Printed Name

Supervisor Signature

Date

I understand that until I am CRC cleared, I will not work with, or transport, clients without the direct supervision of a CRC cleared staff member. I will be in the line of sight of a CRC cleared staff at all times.

Employee Signature

Date



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APPLICANT'S WRITTEN STATEMENT

INSTRUCTIONS: Use additional sheets as necessary. All questions must be answered completely and to the best of your knowledge. **Answers left blank, or a response of "N/A" may result in the rejection of the application.**

APPLICANT: _____

1. Full Name (including birth name, married name(s) nick names and aliases; do not use initials): _____

2. Date of Birth (month, day, year): _____/_____/_____
3. Place of Birth (city, state, country): _____
4. Social Security Number: _____ - _____ - _____
5. Current Physical Address (number, street city, state, zip code): _____
6. Current Mailing Address (number, street, city, state, zip code): _____
7. Previous Address/Addresses (past ten years, most recent first, and include number, street, city, state and zip code): _____

8. Full Name, Date of Birth and Social Security Number of Current and Previous Spouse/Significant Other(s):

9. Full Name(s), and Date(s) of Birth of : Birth Children, Adopted Children, Foster Children, and other Children who have lived in your Residences(s) for the past ten years. _____
10. Current Marital Status: Single Married Separated Divorced Widowed
11. Full Name(s) and Date(s) of Birth of all Adults, excluding Spouse(s)/Significant Other(s), who are currently living with you or have previously lived with you (past ten years). _____

12. Names and Places of School(s) attended, along with graduation dates (High School, University, College, Vocational Training). _____

13. Employment History (list all dates and places of employment from age 18 to date – explain and breaks in employment)

14. I (ENTER NAME): _____ HAVE / HAVE NOT (circle one) been referred to the Children, Youth, and Families Department for child/adult abuse or neglect. (If a referral exists, you must provide a detailed explanation of the circumstances and outcomes.)
15. I (ENTER NAME) _____ HAVE / HAVE NOT (circle one) been arrested or convicted of a crime. (If yes, please attach disposition)
16. Under penalty of perjury, I (ENTER NAME): _____
Certify the above statements to be true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____