



Not Forgotten Outreach, Inc. Volunteer Application

461 Valverde Commons Drive, Taos, NM 87571

575-224-1503 | www.notforgottenoutreach.org | don@notforgottenoutreach.org

General Information

First Name _____ Last Name _____

Street Address _____

City _____ State _____

Zip Code _____ Home Phone _____

Cell Phone _____ Date of Birth _____

Emergency Contact Name _____ Phone Number _____

Email _____

Skills and Interests

Education _____

Current Occupation _____

Hobbies or Interests _____

Special Skills _____

Previous volunteer work experience? Where? _____

Are you fluent in another language? Which one? _____

Availability

What times are you available to volunteer? Please check preferences.

<input type="checkbox"/> 9 AM – 11 AM	<input type="checkbox"/> 10 AM – 12 PM	<input type="checkbox"/> 11 AM – 1 PM	<input type="checkbox"/> 12 PM – 2 PM
<input type="checkbox"/> 1 PM – 3 PM	<input type="checkbox"/> 2 PM – 4 PM	<input type="checkbox"/> 3 PM – 5 PM	<input type="checkbox"/> 4 PM – 6 PM
<input type="checkbox"/> Evenings	<input type="checkbox"/> Variable		



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What days are you available to volunteer? Please check preferences.

<input type="checkbox"/> Any Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

What types of volunteer work are you interested in?

<input type="checkbox"/> Marketing	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Assisting with general office
<input type="checkbox"/> Event volunteer	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Poker Run volunteer
<input type="checkbox"/> Wellness Center volunteer	<input type="checkbox"/> Outreach	<input type="checkbox"/> Provide sessions at service events
<input type="checkbox"/> Other (please specify)	_____	

Emergency Contacts

Name	_____	Phone	_____
Name	_____	Phone	_____

Personal References (please provide 3)

1

Name	_____	Phone	_____
Email	_____	Relationship	_____

2

Name	_____	Phone	_____
Email	_____	Relationship	_____

3

Name	_____	Phone	_____
Email	_____	Relationship	_____



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Background Investigation

All volunteers with Not Forgotten Outreach are subject to a criminal background check. State and county statues require all persons working with children to undergo this background check. Applicants are evaluated on the merits of their qualifications for positions available regardless of gender, national origin, age, handicap, religious affiliation, marital status, or status as a veteran. This information will be kept confidential.

Note: If you would prefer to provide your social security number in person or via phone rather than on this form please call Don at 575-224-1503.

Please provide your full legal name

First Name	Middle	Last Name

Social Security Number	_____	Birth Date (MM/DD/YYYY)	_____
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Other name(s) by which you are known, or have been known:



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Volunteer Release of Liability and Confidentiality Agreement

I, the undersigned, hereby release and agree to hold harmless Not Forgotten Outreach, Inc., its members, affiliates, and employees or loaned executives of any and all liability that could possibly be incurred as a result of my negligence, intentional, or unintentional, during the commission of my responsibilities as a volunteer for Not Forgotten Outreach, Inc. I further release and hold harmless Not Forgotten Outreach, Inc. members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain as a result of my participation as a volunteer, or in any other activity sanctioned by Not Forgotten Outreach, Inc.

I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.

I will not disclose or use any client information for any purpose other than for the limited purpose of providing the assigned services.

By signing below, I give my permission to have the references which I have listed contacted and a background check run.

Signature _____

Date _____

By checking here, I authorize an electronic signature for the name above.

Please email this completed form to don@notforgottenoutreach.org or print and mail it to 461 Valverde Commons Drive, Taos, NM 87571.

Thank you,
Not Forgotten Outreach, Inc.