



SOCORRO CONSOLIDATED SCHOOLS

700 Franklin St., Socorro, NM 87801
(575) 835-0300 * hr@socorroschools.org

Volunteer Application

General Information				
Last Name:	First Name:	Middle Initial:	Date of Birth:	Social Security Number:
Address:		City:	State:	Zip Code:
Phone Number:	Email Address	Driver's License Number:		Expiration Date:
Employer Name:		Occupation:		Employment Length:
Employer Address:		City:	State:	Zip Code:
Have you lived in the state of New Mexico for the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Personal/Character References		
Name	Phone Number	Relationship

Background Information
Have you ever been arrested, charged or convicted of a sex-related crime involving violence or threat of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been arrested, charged or convicted of a crime involving criminal activity in drugs or any intoxicants (alcohol, controlled substances, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been arrested, charged or convicted of a crime for which there has not yet been acquitted or dismissed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you had a background check with the Socorro Consolidated School District within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please speak with the Human Resources Department to complete one.

Do you have any physical limitations that would affect your ability to complete your duties as a volunteer? ☐ Yes ☐ No
If yes, please explain:

Have you ever received treatment for alcohol or substance abuse? ☐ Yes ☐ No
If yes, please explain:

Have you ever been treated or hospitalized for a mental health disorder? ☐ Yes ☐ No
If yes, please explain:

Please describe your experience with school-ages children:

Why would you like to volunteer?

Name of Applicant (Print):

Signature of Applicant:

Date: