



SHARE YOUR CARE

ADULT DAY SERVICES

PO Box 35101, Albuquerque, NM 87176
(505) 298-1700

VOLUNTEER APPLICATION

DATE: _____

PHONE: _____

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

EDUCATION/TRAINING:

INTERESTS, SKILLS AND HOBBIES:

LANGUAGES SPOKEN:

LIST ANY PRIOR VOLUNTEER WORK:

AVAILABILITY: Monday Tuesday Wednesday Thursday Friday Times: _____

Barelvas
714 7th Street SW, Albuquerque

Ponderosa
5301 Ponderosa NE, Albuquerque

Bear Canyon
4645 Pitt NE, Albuquerque

Rio Rancho
1004 24th Street, Rio Rancho

Los Volcanes
6500 Los Volcanes Rd. NW, Albuquerque

Gallup
1800 Red Rock Road, Gallup

North Valley
3825 4th Street NW, Albuquerque

EMERGENCY CONTACT INFORMATION:

1.Name:_____Phone:_____Relationship:_____

2.Name:_____Phone:_____Relationship:_____

3.Name:_____Phone:_____Relationship:_____

Doctor:_____Phone:_____Hospital:_____

ALLERGIES/HEALTH PROBLEMS:_____

LIST THREE REFERENCES NOT RELATED:

1.Name:_____ Phone Number:_____

2.Name:_____ Phone Number:_____

3.Name:_____ Phone Number:_____

Volunteers, like staff, whose performance does not meet the standards of Share Your Care, may be dismissed without notice. If the volunteer wishes to grieve the termination, she or he may request a hearing through the Volunteer Coordinator with the Executive Director. If, after this hearing, the aggrieved still feels dissatisfied, another hearing can be requested in like manner of a regular employee utilizing the grievance procedure in the Operations Manual. Termination of an RSVP Volunteer, a Senior Companion, or an AARP Volunteer will be the joint responsibility of that program and the Volunteer Coordinator.

The undersigned hereby releases Share Your Care from any and all liability resulting from accident or injury while volunteering or visiting Share Your Care premises or while on outings/field trips with Share Your Care staff and clients.

I have read and understand the foregoing and certify that the information contained herein is true and correct to the best of my knowledge and belief.

VOLUNTEER SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN
(if volunteer is under 18 years old)