



5700 Winter Haven NW
Albuquerque, NM 87120
505-898-5520
www.ACCH4Kids.org

VOLUNTEER APPLICATION

Date: _____

Last Name: _____ First Name _____ Middle _____

Over 21? Yes No – If No: Age: _____ School: _____ Grade: _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone # _____ Work Phone # _____ Cell # _____

E-Mail Address _____

The following information is needed to determine the best area/s that you would be best suited.

List any church, club or organization with which you are affiliated.

What kind of volunteer work would you like to do? _____

List your special skills, talents or hobbies. _____

What days of the week are you available to volunteer?

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What times are you available each volunteered day?

- S _____ M _____ T _____ W _____
 T _____ F _____ S _____

NOTE* Any volunteer who works directly with our children will be required to get fingerprinting done and have a background check issued. The cost will be \$44 per person and will be the responsibility of the volunteer. (Prices are subject to change)

Signature: _____