



**A Peaceful Habitation Home &
Aftercare Ministry, Inc.**
P. O. Box 50326
Albuquerque, NM 87181
(505) 440-5937
www.apeacefulhabitation.org
leticia@apeacefulhabitation.org

Service Volunteer Provider Application

Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

Availability

During which hours are you available for volunteer assignments?

_____ Weekday mornings	_____ Weekend mornings
_____ Weekday afternoons	_____ Weekend afternoons
_____ Weekday evenings	_____ Weekend evenings

Interests

Tell us in which areas are you interested in volunteering

_____ Administration	_____ Bible Study Facilitator/Teacher
_____ Events	_____ Mentor/Coaching
_____ Stress Management Facilitator	_____ Problem Solving Facilitator
_____ Fundraising	_____ Deliveries/Transportation
_____ Relapse Prevention Facilitator	_____ Office Support
_____ Social Skills Facilitator	_____ Newsletter Production
_____ Money Management Facilitator	_____ Grounds Keeping/Maintenance
_____ Instructor/Computer Training in Word	_____ Car Maintenance
_____ Excel, PowerPoint, Micro-Soft Access	

Church Attendance

Church Name	
Street Address	
Phone	
Pastor's Name	

References

Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous service, volunteer work, or through other activities, including hobbies or sports.

Special Skills or Qualifications

What experience do you have with the Criminal Justice System? Do you know of someone who is/or has been in the Criminal Justice System? Summarize

1. _____

2. _____

Previous Volunteer Experience

Summarize your previous service volunteer experience.

Do you have any medical conditions we should be aware of in case of emergency?

Yes No What? _____

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Email Address	

A Peaceful Habitation: Our Policy

It is the policy of this Christian aftercare organization to provide opportunities to individuals that will help further the growth and the integrity of A Peaceful Habitation Home & Aftercare Ministry, Inc., and to help further the vision of APH, Inc. in accomplishing our goal of opening home(s) that will assist female ex-offenders to successfully transition in to the community.

Disclaimer

I understand the people I may come in contact with weekly, daily or monthly will be women that have been in the criminal justice system (prison or jail), and they are considered ex-felons. I understand that as a Service Provider Volunteer, I will not hold A Peaceful Habitation Home & Aftercare Ministry, Inc. liable for any fees in the event of an accident or injury resulting while volunteering.

Signature

Date

Pastor's Endorsement/Referral:

Signature

Date

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Drivers License _____ SSN: _____ ID Number _____

Name (printed) _____

Signature

Date

Thank you for completing this application and for your interest in volunteering with us. If you have any questions, call Leticia Chavez-Paulette, Executive Director at 505-440-5937 or email leticia@apeacefulhabitation.org

**Please mail the completed application to:
P.O. Box 50326; Albuquerque, NM 87181**

A Peaceful Habitation Home & Aftercare Ministry, Inc. is a 501(c)(3) Non Profit Organization