

A Peaceful Habitation Home & Aftercare Ministry, Inc.
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

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

Church Attendance

Church Name	
Pastor's Name	
Church Address	
Church Phone:	

References

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

Special Skills or Qualifications

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

Specific 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	

Disclaimer

I understand the people I may encounter 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) _____ DOB: _____

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; 505-294-5310 Fax 1-877-986-9227 or email leticia@apeacefulhabitation.org or letiplet@q.com
Please mail the completed application to:
P.O. Box 53516; Albuquerque, NM 87153
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