



Thank you for your interest in volunteering for the Make-A-Wish Foundation of New Mexico.

Attached to this form are an Application, a Conflicts of Interest form, and an Authorization for Release of Information. The Authorization for Release must be notarized and there is a \$10.00 fee for processing your records' check. We ask our volunteers to absorb the cost of this Records Check so that we may invest our funds more effectively in realizing the dreams of New Mexico's children.

Please make a check payable to the Department of Public Safety (**NOT** Make-A-Wish) and return it with all forms to:

144 Louisiana Blvd NE
Albuquerque, NM 87108

In addition, you will be required to attend a New Volunteer Orientation so that you are better acquainted with our organization. I will be in touch with you as to when our next training will be.

If you have any questions, or need any further information, please call us at (505) 888-9474 or (800) 884-5276 (in NM only).

Sincerely,

Allison Hendricks
Volunteer/Operations Manager
Allison@wishnm.org

VOLUNTEER APPLICATION

Make-A-Wish Foundation® of _____ **New Mexico** _____

Please note that certain volunteer positions require completion of a criminal background check every three years.

Please print legibly

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers (home): _____ (work): _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

May we contact you at work? Yes No

In case of emergency, who should we contact?

Name: _____ Telephone Number: _____

Relationship: _____

What position are you applying for?

Board Member Wish Granter Special

Events

Office/Clerical Other (Please describe): _____

Do you hold a valid driver's license? Yes No

If yes, which state? _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain: _____

Do you use illegal drugs? Yes No

Volunteer History

Do you have volunteer experience? Yes No

If yes, please list, beginning with present or most recent experience.

Organization Name: _____
Address: _____
Position and Responsibilities: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

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Position and Responsibilities: _____
Supervisor's Name and Title: _____ Telephone Number: _____
Dates of Service: _____

Have you ever been asked to relinquish a volunteer position? Yes No

If yes, please explain: _____

Personal References

Please provide three non-family references:

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

If you would like to include additional information about yourself, please do so on the back of this form.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.

Applicant Signature _____ Date _____

If applicant is under the age of 18, please complete the following section.

Parent/Guardian Signature _____ Date _____

Return form to the Make-A-Wish Foundation® of New Mexico

Attn: Allison Hendricks

Address: 144 Louisiana Blvd NE
Albuquerque, NM 87108

**Make-A-Wish Foundation
Conflict of Interest & Ethics Statement**

As an employee/volunteer of the Make-A-Wish Foundation, I have an obligation to the organization I serve, to the general public, and to myself to maintain the highest standards of ethical conduct. I will not commit acts contrary to these standards nor will I condone the commission of such acts by others within the Foundation. I have a responsibility to:

Confidentiality

- Keep confidential information confidential unless legally obligated to do otherwise.
- Refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage either personally or through third parties.

Conflict Of Interest

- Avoid direct or indirect, actual or apparent, conflicts of interest and advise all appropriate parties of any potential conflict, e.g.:
 - a. A Make-A-Wish representative's personal business provides goods or services to the Make-A-Wish Foundation for consideration.
 - b. A friend or relative of Make-A-Wish representative provides goods or services to the Make-A-Wish Foundation for consideration.
 - c. A vendor or business acquaintance with whom a Make-A-Wish representative has an outside business relationship provides goods or services to the Make-A-Wish Foundation for consideration.
- Refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically.
- Refuse any gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others, e.g. a Make-A-Wish representative receives a referral fee or preferential discount, gift, or other valuable consideration from a vendor, paid promoter, fund-raising event sponsor, or any other outside party, for referring Make-A-Wish business to such party.

Legal Assurance

- Submit to a criminal background check every three years.
- Report any present, past, or future allegations of criminal activities, criminal investigations, arrests, and/or convictions involving myself.

Integrity

- Refrain from violating any criminal or civil law or regulation.
- Refrain from either actively or passively subverting the attainment of the Foundation's legitimate and ethical objectives.
- Refrain from engaging in or supporting any activity that would discredit the Foundation.
- Perform my duties in accordance with relevant laws, regulations, Foundation policies and standards.
- Represent the interests of all people served by this organization and not favor special interests inside or outside the organization.

I _____, attest and agree to be bound by the foregoing standards. I have not been party to an unethical or conflicting action that has not been previously disclosed. I also agree to report any potential future conflicts of interest or observed unethical activity of which I have become aware to the appropriate parties. I do not currently have pending against me any criminal proceedings, nor have I been placed under arrest for or been convicted of a criminal offense within the past year.

Signature

Date

DEPARTMENT OF PUBLIC SAFETY/ P.O. BOX 1628/SANTA FE, NM 87504-1628 ATTN: RECORDS
\$10.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE **PRINTED-LEGIBLY**) (SOC) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

NAME (MUST BE **PRINTED**) (IF NO AGENT, **PRINT "SELF"**)

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED IN YOUR PRESENCE AND NAME,DOB,SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

(SEAL) _____
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.
