



Juvenile Justice Services (JJS) Application for Contractor, Volunteer, Student Intern

Submit completed application to:
CYFD JJS Coordinator of Volunteer
Programs
4000 Edith Blvd NE
Albuquerque, NM 87107
Email: Misty.Williams@state.nm.us
Fax: (505) 841-4899

Application Date: _____

Name: _____

Phone number: _____

Email: _____

Emergency contact information:

Name: _____ Relationship: _____

Address: _____ Phone: _____

How did you hear about volunteering with CYFD Juvenile Justice Facilities?

Have you applied to be a CYFD volunteer or employee in the past? If yes, note the results:

Volunteering through a community agency, organization, or church? Yes _____ No _____

If yes, list the name of the organization: _____

Working with a contract or school? Yes _____ No _____

If yes, list the name of the organization or school: _____

List memberships in clubs and organizations:

List hobbies, interests and special skills:

List previous volunteer experience:

Describe any experience you have related to the field of Juvenile Justice:

Describe why you are interested in working with juveniles in a correctional facility:

What do you hope to gain from volunteering?

Interested in working in which facility(ies)?

Albuquerque Boys' Reintegration Center (ABRC) Camino Nuevo Youth Center (CNYC)

Albuquerque Girls' Reintegration Center (AGRC) J. Paul Taylor Center (JPTC)

Eagle Nest Reintegration Center (ENRC) Youth Diagnostic & Development Center (YDDC)

Are you related to any client housed in any of these facilities? Yes No

Language(s) spoken: _____

State the service for which you are applying:

Availability:

Weekdays: Afternoons Evenings Weekends: Saturdays Sundays

How often would you like to volunteer?

More than once a week Weekly Every other week Monthly

How many hours would you like to volunteer? _____

Volunteer commits to _____ weeks of volunteering at assigned location(s). Once this minimum length of time is fulfilled, this agreement is completed. Volunteer may continue service as long as the needs of the unit allow and the programming is relevant to clients.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in rejection of this application or immediate dismissal from volunteer services.

Signature

Date