

**La Casa Inc.**

**Volunteer Application**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Education:**

Highest grade completed: \_\_\_\_\_ High School \_\_\_\_\_ College

Other formal education or training: \_\_\_\_\_

Professional Certification: \_\_\_\_\_

Do you have to do community service: \_\_\_\_\_yes \_\_\_\_\_no

If yes: How many hours? \_\_\_\_\_

For what program? \_\_\_\_\_

When do you need to complete your hours? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain circumstances \_\_\_\_\_

\_\_\_\_\_

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What special talents or interest do you have that would enhance our program? (e.g., arts and crafts, storytelling, computers, baking, handy man, ect) \_\_\_\_\_

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Please check any program you would like to volunteer in:

- |   |  |
|---|--|
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Batter's Intervention Program |
| <input type="checkbox"/> Children's Program   | <input type="checkbox"/> Donation Room                 |
| <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Civil Legal Services          |
| <input type="checkbox"/> Non- Res Program     | <input type="checkbox"/> Shelter Program               |

Have you or any one in your family received any services from La Casa?

yes  no

If yes, how long ago \_\_\_\_\_

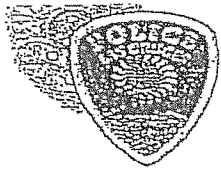
***I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO BEST OF MY KNOWLEDGE.***

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***SIGNATURE***

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***DATE***



Records Division  
 Authorization for Inspection/Obtaining  
 Las Cruces Police Criminal Arrest Records

TO: Las Cruces Police Department  
 Records Division  
 P.O. Drawer 20000  
 Las Cruces, New Mexico 88004

Application Date \_\_\_\_\_

This will authorize my representative \_\_\_\_\_  
 (Name & Organization)

to inspect and/or obtain copies of arrest information concerning myself, if any, filed with the Las Cruces Police Department.

Date of Birth: \_\_\_\_\_

Name - SIGNATURE \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name - PRINT IN FULL \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address \_\_\_\_\_

State of \_\_\_\_\_

City State Zip Code

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_

Access to arrest records will be granted only during normal working hours, Monday through Friday, excluding legal holidays. Pursuant to City of Las Cruces resolution #89-231 the following service fees will be assessed.

Criminal Records Checks: \$3.00 per name check *without* formal letter  
 \$5.00 per name check *with* formal letter.

\_\_\_\_\_ Record Inspected and \_\_\_\_\_ pages purchased for \$ \_\_\_\_\_ Case # \_\_\_\_\_ Arrest # \_\_\_\_\_

\_\_\_\_\_ with letter \$5.00

\_\_\_\_\_ Record Inspected only (no copies purchased) \$3.00 without letter

Remarks: \_\_\_\_\_

\_\_\_\_\_  
 LCPD Records Employee Signature

Section 29-10-4 Confidentiality of arrest records. Arrest record information that reveals confidential sources, methods, information or individuals accused but not charged with a crime and that is maintained by the state or any of its political subdivisions pertaining to any person charged with the commission of any crime is confidential and dissemination or revealing the contents of the record, except as provided in the Arrest Record Information Act (Chapter 29, Article 10 NMSA 1978) or any other law is unlawful. THIS ORIGINAL FORM SHALL BE RETAINED BY THE RECORDS DIVISION, LAS CRUCES POLICE DEPARTMENT