

La Vida Felicidad, Inc.
P.O. Box 2040
Los Lunas, New Mexico 87031
Tel (505) 565-1614
Fax (505) 565-1608

Volunteer Application

Mission Statement

The mission of La Vida Felicidad, Inc. is life quality for individuals and families with special needs through individualized family services that promote full participation in the community, independence, and well-being.

In order to process this application you must agree to provide a copy of your driver's license.

Please Print:

Name: _____ SS# _____

Street Address: _____

Home Phone: _____ Present Employment: _____

Business: _____ Position: _____

EDUCATION/TRAINING:

INTERESTS, SKILLS AND HOBBIES:

LIST ANY PRIOR VOLUNTEER WORK:

List special skills and/or experience with developmentally disabled children or adults

References

List the names of three persons not related to you whom you have known for at least one year.

Name Relationship Phone Years Known

I hereby certify that I am a person of good character and in good mental and physical health. I have not been convicted of any crime relating to child abuse or neglect, or sexual abuse.

I authorize investigation of all statements contained in this application. All the above information will be kept confidential.

I hereby certify that the information given is true to the best of my knowledge.

Signature

Date