



STATE OF NEW MEXICO
SECOND JUDICIAL DISTRICT COURT
Court Volunteer/Intern Application
Bernalillo County Courthouse
400 Lomas Blvd., NW
Albuquerque, New Mexico 87102
Telephone: (505) 841-7432
Fax: (505) 841-7569
Email: albdejm@nmcourts.gov

Please print clearly in ink or use a computer/typewriter. It is important that you answer all questions on this application fully and accurately.

Last Name	First Name	Middle Name
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Home address

Street Address	Apt. Number
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City	State	Zip Code
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Home Phone Number	Business Phone Number	Cell Phone Number
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I prefer to receive calls at: Home Business Cell

EMERGENCY NOTIFICATION INFORMATION:

List any languages, other than English, that you speak or write fluently:

CONTACT NAME: _____

1. _____ speak write
2. _____ speak write
3. _____ speak write

RELATIONSHIP: _____

DAYTIME TELEPHONE NUMBER: _____

ALTERNATE TELEPHONE NUMBER: _____

ANY ADDITIONAL INFORMATION (i.e. allergies, etc.) THAT WOULD BE HELPFUL IN AN EMERGENCY: _____

Education

Please check the highest educational level completed:

_____ High School

_____ College

_____ Some College or Technical Training

_____ Advanced Degree

Current Employment Information Employer's Name (or school)		
Your Occupation		
Employer's Street Address		
City	State	Zip Code

Check all that apply

I am currently: Employed Not Employed Retired Student

<p>Why do you wish to volunteer with the Second District Court?</p>
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<p>What type of work do you wish to do?</p>
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Please circle the days and times of the day you would be available:

Monday	8	9	10	11	12	1	2	3	4	5
Tuesday	8	9	10	11	12	1	2	3	4	5
Wednesday	8	9	10	11	12	1	2	3	4	5
Thursday	8	9	10	11	12	1	2	3	4	5
Friday	8	9	10	11	12	1	2	3	4	5

Please give names and phone numbers for two local references (no relatives please).

1. _____ Phone _____
2. _____ Phone _____

As a volunteer with the Second District Court I am aware that any omissions, falsifications, misstatements, or misrepresentations may disqualify me for consideration as a Volunteer. I understand that any information I give may be investigated as allowed by law. I understand that applications submitted for consideration as a Second district Court Volunteer are public record. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that I will not be paid for my services as a volunteer/intern.

Due to the sensitive nature of the Court, we will do a records check on applicants and we need your Social Security number and Date of Birth for the check.

Social Security Number	Date of Birth
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Signature	Date
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