EMERGENCY RESOURCE PARTNERS OF TORRANCE COUNTY

Applicant Name:_____

Mailing Address:_____

Physical Address:_____

Phone Number:_____ **Email:** _____

Can you receive text messages at the phone number listed? _____

Employer:_____ **Occupation:**_____

Skills, Experience or Certifications (i.e Food, Shelter, Communication, Medical, Other)

_____

_____

_____

_____

I hereby certify that the above information is correct and that I have not misrepresented myself. I understand I need to sign up for alerts through TextMyGov. I consent to conduct an initial background check as well as annual background checks throughout the length of my volunteer position with Torrance County.

Signature:_____ **Date:**_____

For questions, contact sodell@tcnm.us or 505-297-9981. Return completed form to sodell@tcnm.us or PO Box 48, Estancia, NM 87016.