



Border Angels  
P.O. Box 86598  
San Diego, California 92138  
619-269-7865  
www.borderangels.org

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

What days of the week are you available? (Circle all that apply) Mo Tu We Th Fr Sat Sun

How many hours per week are you available? \_\_\_\_\_

Times available: \_\_\_\_\_

Court Mandated: (circle one) Yes No, If yes, case number: \_\_\_\_\_

Circle volunteer services preferred or special skills you may have?

- Administrative Skills/Data Entry •Water Drop Leader •Day Laborer Outreach • Friendship Park
- Tour Leader •Tutor in Tijuana • Mentor in Tijuana • Counselor in Tijuana • Driver for college
- campus tours •Passport application assistance • Citizenship and passport promotion outreach
- Grant Writer • Journalist • Translation, Other:

\_\_\_\_\_

If employed, type of employment: \_\_\_\_\_

If student, what school do you attend, and what is your program/major/research interests (if any)?:

\_\_\_\_\_

List your previous volunteer experience:

\_\_\_\_\_

Interest, Hobbies, Skills you could share in our program:

\_\_\_\_\_

Why did you want to volunteer with Border Angels and how did you hear about us?:

### **Emergency Information**

**In an Emergency we should notify:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Alt Phone:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

2258 Island Avenue • San Diego, California 92102 • Cell (619)487-0249 [www.borderangels.org](http://www.borderangels.org)



## **Volunteer Agreement Waiver**

1. As a volunteer of the Border Angels, I hereby agree to hold harmless and waive any and all claims or causes of action against the Border Angels arising out of any cause whatsoever, including but not limited to claims arising out of negligence or intentional conduct of its employees or agents.
2. I attest that I am physically fit and prepared to perform the tasks assigned to me as a Border Angels volunteer.
3. I further agree to use my personal insurance as the primary provider in the event of injury due to my work as a volunteer for the Border Angels.
4. I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by California Law.
5. The Border Angels is not responsible for damages to personal property.
6. I also grant the Border Angels full permission to use photographs of me.

*I \_\_\_\_\_, have read, understand and agree to the above Border Angels policies, safety, and emergency procedures, and waivers.*

*Volunteer's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*If under 18, signature of parent or legal guardian is required:*

*Date:* \_\_\_\_\_

*Print Name(s):* \_\_\_\_\_