



Border Angels  
Attn: Isabel Montaña  
Volunteer Coordinator  
P. O. Box 86598  
San Diego, CA 92138

### VOLUNTEER APPLICATION FORM

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

Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

e-mail address: \_\_\_\_\_

Days and times available to volunteer: \_\_\_\_\_

*Check volunteer services preferred or special skills you may have*

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative Skills/Computer | <input type="checkbox"/> Fundraising                          |
| <input type="checkbox"/> Public Speaker                 | <input type="checkbox"/> Assisting with special events        |
| <input type="checkbox"/> Computer Services IT           | <input type="checkbox"/> Carpentry                            |
| <input type="checkbox"/> Technical writer               | <input type="checkbox"/> Graphic Arts                         |
| <input type="checkbox"/> Proof reading                  | <input type="checkbox"/> Photography                          |
| <input type="checkbox"/> Grant Writer                   | <input type="checkbox"/> Picking up cloths or water donations |
| <input type="checkbox"/> Translation                    | <input type="checkbox"/> Cook for migrant outreach            |
| <input type="checkbox"/> Phone calls follow up          |   |
- Other:

\_\_\_\_\_  
\_\_\_\_\_

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

If student, what school do you attend: \_\_\_\_\_

List your previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why did you choose Border Angels to volunteer with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_