



Thank you for your interest in joining Frontera de Cristo as we work to build relationships and understanding across borders.

## PERSONAL INFORMATION

Name

Address

City

State

Zip

Primary Occupation:

## VOLUNTEERING

Why are you interest in volunteering with us?

When would you be available?

Start date:

End date:

## SKILLS AND EXPERIENCE:

How well do you speak Spanish?

Basic Phrases

Advanced

Native Speaker

Conversational

Fluent non-native speaker

None

Have you worked with immigrant/border communities before?

Yes

No

If yes, please describe your experience

## HEALTH:

Do you have any health conditions or allergies?

If yes, please explain:

Are you currently taking any medications?

If yes, please explain: (Please be sure to bring a sufficient amount for the time you will be volunteering in its original container and label)

## EMERGENCY CONTACT:

Primary Contact

Secondary Contact

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, State and Zip Code

City, State and Zip Code

## REFERENCES

Please list two references we may contact regarding your desire to serve with us.

NAME

E-MAIL  
ADDRESS

PHONE  
NUMBER

NAME

E-MAIL  
ADDRESS

PHONE  
NUMBER

Please return complete application by clicking submit or electronic attachment to Trisha Maldonado at [trisha@fronteradecristo.org](mailto:trisha@fronteradecristo.org)