

# Mission San Juan Capistrano

## Volunteer Application 2018



Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Cell Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ (Month/Date) Spouse Name: \_\_\_\_\_

**Availability:** Please indicate when you are available to volunteer.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Mornings  Afternoons  Evenings

### Employment:

Are you currently:  Employed  Unemployed  Student  Retired  Other \_\_\_\_\_

If Applicable:

Current Employer and Title: \_\_\_\_\_

Education: \_\_\_\_\_

College/University name and Major: \_\_\_\_\_

Currently Volunteering with: \_\_\_\_\_

### Volunteer Programs:

Please check any that apply to your interests or skills:

I am a Teacher  I am a Gardener  I am Bilingual If yes, list language(s): \_\_\_\_\_

I like working with people  I like working with plants  I like working with kids  I like history/education

I like working behind the scenes  I can walk distances of 1-2 miles  Special Events  Development/Fundraising

I like fundraising  I like helping at public and private events

### Miscellaneous:

All volunteers will be required to go through a background screening prior to service, and complete an emergency contact information form.

Volunteer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this mandatory application form to Pat March, Volunteer Program Administrator via mail or email:  
26801 Ortega Highway, San Juan Capistrano, CA 92675 or [pmarch@missionsjc.com](mailto:pmarch@missionsjc.com)

\*Please note attending a Volunteer Orientation Session is required before volunteering on the Mission grounds in any capacity.

### Staff Use Only

Background Check  Login/Password  Added to Database

File Date: \_\_\_\_\_  Orientation  Certification Date \_\_\_\_\_