



FRONTERA DE CRISTO VOLUNTEER APPLICATION

Thank you for your interest in joining Frontera de Cristo as we work to build relationships and understanding across borders. We are grateful for your interest! First, we'd like to know a little more about you...

PERSONAL INFORMATION		
Name	Home Phone	
Mailing Address	Cell Phone	
Primary Occupation	Email	
Availability	Start Date:	End Date:
Why are you interested in volunteering with us? Use as many words or paragraphs as you'd like, but the short answer is...		
SKILLS AND EXPERIENCE		
How well do you speak Spanish?		
<input type="checkbox"/> Not at all, or Just a few words	<input type="checkbox"/> Basic Phrases	<input type="checkbox"/> Conversational <input type="checkbox"/> Advanced
<input type="checkbox"/> Fluent non-native speaker	<input type="checkbox"/> Native Speaker	
Have you worked with immigrant/border communities before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your experience (where, with whom, and in what context):		
MEDICAL INFORMATION		
Do you have any health conditions (e.g. diabetes, heart disease) or allergies (food, animal, etc.) that we should know about? If yes, please describe:		
Allergies	Blood Type	
Do you have any medical or physical constraints or disabilities that may require accommodation? (If yes, please describe)		
Please list critical prescription medications (and dosages) that you take regularly. Be sure to bring a sufficient amount of each of these in their original containers with original labels. There are pharmacies in Douglas that can refill your prescriptions.		
Primary Care Physician's Name and Phone Number		

HEALTH INSURANCE		
Full Name of insured (this could be you, your parent, or spouse)		
Name of insurance provider		
Telephone number of insurance provider		
Policy/ID and Group #		
My health insurance is effective in the United States AND in México <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "NO," I assume full responsibility for any health care expenses I incur during the trip <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Please note that if you have any questions about your medical status or the need for vaccinations, we recommend that you consult your physician prior to undertaking this trip. You will be responsible for bringing your own medication supply adequate for the length of the trip, and any necessary medical supplies.		
EMERGENCY CONTACT (Name and contact information for someone we can reach in case of an emergency.)		
Primary Contact Name	Home Phone	
Mailing Address	Cell Phone	
Relationship to Applicant	Email	
Do you have any special needs/concerns/questions? What else would you like us to know about you?		
REFERENCES (Please list two persons we may contact regarding your desire to serve with us.)		
Reference Name	Home Phone	
Email Address		
Reference Name	Home Phone	
Email Address		

Please return completed application by electronic attachment or by mail to:

FDC Office
office@fronteradecristo.org
 520.364.9257

Frontera de Cristo
 826 11th Street
 Douglas, AZ 85607
or P.O. Box 1112, Douglas, AZ 85608

We'll let you know when we've received your application! Thank you again for your willingness to partner with us.

Blessings,
 Mark Adams
 Joca Gallegos
 Coordinators