



CASA ROMANTICA
CULTURAL CENTER AND GARDENS

Volunteer Application and Agreement

Name: _____ Phone: Hm _____ Cell _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Month and Day of Birth: _____

Emergency Contact (name, relationship, and telephone number):

Area(s) of Interest: Check all that Apply

____ Front Door ____ Special Events ____ Office/Receptionist ____ Gift Shop
____ Docent Tours ____ School Program ____ Garden ____ Handyman/Woman

Availability: Hours per day: _____ Times per month: _____ Flexible: YES NO

Are you available on short notice? YES NO

Can we put you on a substitute list? YES NO

Are you interested in working a monthly door, office or gift shop shift? YES NO

Door Gift Shop Office ____ AM Shift (11am-1:30pm) ____ PM Shift (1:30pm-4pm)

What day(s) of the week would you prefer to work a shift? _____

Personal/professional/educational experience that would benefit the Casa:

Special Skills: _____

Do you speak a language other than English? _____

Are you a member of the Casa? YES NO Please consider a membership to the Casa to help us administer this volunteer program, preserve our historic treasure, and provide activities of enrichment for all ages.



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VOLUNTEERS TIME COMMITMENT AND SCHEDULE AVAILABILITY:

I commit to a minimum of 5 hours per month in addition to any orientation and training I may receive. My availability is checked and noted above. I agree to show-up for my scheduled volunteer hours or will find a substitute if I cannot work as scheduled. I certify that all statements made are true and complete to the best of my knowledge. I promise to be a positive ambassador for the Casa, promote the activities of the Casa, work cooperatively and courteously with other volunteers, staff and board members, and keep up to date on what is happening at all times.

Volunteer Signature & Date

Please feel free to attach a résumé or additional comments. Thank you!

Please return to the Casa Administrative Office at:

Casa Romantica Cultural Center and Gardens, 415 Avenida Granada, San Clemente, CA 92672

For Administrative Purposes

Start Date: _____

Orientation Date: _____

Assignment of Duties: _____

Training Complete Date: _____

Re-Application Date: _____

Membership Date: _____
