

**CapeAbilities**  
**895 Mary Dunn Road**  
**Hyannis, MA 02601**  
**508-778-5040 / 508-778-9642**

**VOLUNTEER APPLICATION**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer or School (if student): \_\_\_\_\_

Birthday (Month & Day, Year is optional): \_\_\_\_\_

1. Which program are you interested in?

**Resident Volunteer**

- Relief Driver
- Meal Service / Shopping
- Special Activities / Share-A-Day

**Administration**

- Office Clerical Assistance
- Volunteer Services
- Technical Support

**Work Center**

- Cafeteria Assistance
- Work Skill Training
- Special Events

**Special Programs**

- Day Hab Program
- Residential Program
- Vocational Program

2. For approximately the next six (6) months, which of the following days are you available to volunteer?  
 (Note: All programs are not available at all times, we will try our best to match your choices.)

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

3. Are you available for last minute substitution ?      Yes / No

If so, please indicate the days and times available.      Days: \_\_\_\_\_ Times: \_\_\_\_\_

4. How did you hear about the Volunteer Program? (circle all that apply)      Walk-in      Friend  
 Newspaper      Brochure      Bulletinboard      Internet      Other:

5. Why are you interested in becoming a Volunteer? \_\_\_\_\_  
 \_\_\_\_\_

6. List and describe any previous volunteer experiences, including dates: \_\_\_\_\_  
 \_\_\_\_\_

7. Please list any interests or hobbies that you have which may help us to place you in a position.  
 \_\_\_\_\_

8. What special education, talents or skills do you feel you can bring to this position? \_\_\_\_\_

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9. What need of your own do you hope to fulfill by volunteering? \_\_\_\_\_

10. Do you have any concerns about volunteering with individuals with disabilities?  
\_\_\_\_\_

11. Are there any conditions that may affect your work as a Volunteer? Yes / No  
If yes, please explain. \_\_\_\_\_

12. Have you ever been arrested or convicted of a felony? Yes / No  
If yes, please explain \_\_\_\_\_

13. Will you receive academic credit if you volunteer for this program? Yes / No  
If yes, please give the name and telephone number of your academic program director:

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Academic Program: \_\_\_\_\_

14. In the event of an emergency, please specify the person to be notified:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician \_\_\_\_\_ Hospital: \_\_\_\_\_

In the event of an emergency, I give permission to capeAbilities to secure medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15. I consent to and authorize the use and reproduction, by capeAbilities of all photographs, or any other audio or visual materials of which I may be a part, due to my volunteer services. These may be used for promotional materials, educational activities, exhibitors, or for any other use for the benefit of capabilities and its consumers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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16. Please provide the following information for three people who have known you for at least two years, who can discuss your character and other issues, which may be relevant to this position. Your references may be contacted personally by telephone so please be sure to inform them.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Complete questions 17-23 only if you are volunteering as a driver.**

17. Do you have access to a car? Yes / No

18. Is the car registered? Yes / No if yes, provide the registration number \_\_\_\_\_

19. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

20. Do you have valid car insurance? Yes / No If yes, provide the following:

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

21. Can you volunteer two-(2) hours one (1) day per week? Yes / No

22. Please circle day(s) that you are available: Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

23. Are you available for emergency back up? Yes / No

If so, circle day(s) that you are available. Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

I understand that it is the policy of capeAbilities that all passengers and drivers must at all times wear seat belts when riding with capeAbilities. I agree to abide by this policy and will not transport a passenger who refuses to fasten their seat belt unless excused from this requirement with a physician's certificate.

**I declare that all of the information that I have provided on this application is true. I agree to accept the following responsibilities in becoming a Volunteer.**

- **I will participate in any mandatory on-site orientation and training.**
- **I agree to sign a confidentiality statement. I understand that all information given to me concerning consumers must remain confidential.**
- **I agree to sign a CORI Form.**
- **I will not receive any monetary compensation for my donated time.**
- **I understand that capeAbilities, does not cover me for medical insurance in case of injury, my own insurance will be liable.**
- **If I cannot participate on my assigned day, I will give notice, preferably one week and at least 24 hours in advance to the Volunteer Coordinator.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Application complete** \_\_\_\_\_ **Driver information complete** \_\_\_\_\_ **CORI information complete** \_\_\_\_\_

**Interview date:** \_\_\_\_\_ **Interview initials:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Declined** \_\_\_\_\_

**Volunteer manual provided:** \_\_\_\_\_ **Transportation information provided (if driving):** \_\_\_\_\_

**Assignment Provided:** \_\_\_\_\_ **Assignment:** \_\_\_\_\_

**Days:** M T W T F S S **Time:** \_\_\_\_\_ **Total hours / week** \_\_\_\_\_