



VOLUNTEER APPLICATION

Volunteers are considered without regard to race, color, gender, religion, sex, age, national origin, ancestry, marital status, sexual orientation, veteran status, political affiliation, disability or any other basis protected by federal, state or local law.

(PLEASE PRINT)

Name _____ Date _____

Address _____

Phone Number _____ Alternate or Cell Number _____

Email _____

REFERRAL SOURCE: CA Employee _____ Advertisement _____ Walk-In _____ Web _____

Other, please explain _____

Cape Abilities Volunteer Opportunities:

Please indicate which program/activity you would like to learn more about

- ___ Fundraising Committees - Events
- ___ Residential Services
- ___ Community Based Day Supports
- ___ Life Skills – Day Habilitation
- ___ Administration
- ___ Cape Abilities Farm, Dennis
- ___ Cape Abilities Thrift Shop, West Yarmouth
- ___ Cape Abilities Farm to Table Market & Gallery, Chatham

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

What days and times are you available to volunteer?

Sunday/Time _____
 Tuesday/Time _____
 Thursday/Time _____
 Saturday/Time _____

Monday/Time _____
 Wednesday/Time _____
 Friday/Time _____

Related Experience/Education

Please list any current or previous employment, education and volunteer activities which you feel may be related to the activities which you may perform at Cape Abilities.

Date (Month & Year) From To		Organization (Employer, School, etc.) Address, Telephone	Related Activities Performed

If you need additional space, please continue on a separate sheet of paper.

References:

Please provide the name, address and telephone number of three references who are not related to you.

Name	Address	Telephone

Emergency Contact:

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

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____

In the event of an emergency, I give Cape Abilities permission to secure medical treatment:

Signature: _____ Date: _____

I consent to and authorize the use and reproduction, by Cape Abilities of all photo graphics, 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 Cape Abilities and its participants.

Signature: _____ Date: _____

VOLUNTEER STATEMENT

- 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 participants must remain confidential.
- If I cannot participate on my assigned day, I will give notice to my supervisor.
- I agree to fill out a CORI Form/Fingerprinting Form and provide a copy of a Photo ID

Signature: _____ Date: _____

Please return to:

Cape Abilities
Attn: Volunteer Dept.
859 Mary Dunn Road
Hyannis, MA 02601
(508) 778-5040
www.capeabilities.org

Updated: May 5, 2017