

# Cape Abilities

895 Mary Dunn Road, Hyannis, MA 02601

508-778-5040 / 508-778-9642

www.CapeAbilities.org

## VOLUNTEER APPLICATION

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

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

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

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

Email: \_\_\_\_\_

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

### 1. Which programs are you interested in?

#### Residential / Day Habilitation

- Gardening
- Meal Service / Shopping
- Special Activities / Share-A-Day

#### Vocational Program

- Cafeteria Assistance
- Work Skill Training
- Farm
- Production

#### Administration

- Office Clerical Assistance
- Volunteer Services
- Technical Support
- Development Office
  - Clerical
  - Special Events
  - Grants

### 2. What days and times are you available to volunteer?

Sunday / Time: \_\_\_\_\_

Monday / Time: \_\_\_\_\_

Tuesday / Time: \_\_\_\_\_

Wednesday / Time: \_\_\_\_\_

Thursday / Time: \_\_\_\_\_

Friday / Time: \_\_\_\_\_

Saturday / Time: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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 Cape Abilities to secure medical treatment.

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

6. I consent to and authorize the use and reproduction, by Cape Abilities 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 Cape Abilities and its consumers.

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

7. Please provide the following information for two 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: \_\_\_\_\_

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.
- 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.
- I agree to fill out a Cori Form.

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

# Cape Abilities<sup>SM</sup>

Creating Opportunity

Nauset, Inc. since 1968

895 Mary Dunn Road \* Hyannis, MA 02601

508-778-5040 Fax: 508-778-9642

Accredited by the Accreditation of Rehabilitation Facilities

XNAUSE  
BOHHS

## CORI REQUEST FORM

Cape Abilities, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant / employee for Cape Abilities, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant / Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested, not required)

\_\_\_\_\_  
ID THEFT INDEX PIN  
(If applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES \_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

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### *Employer Use Only*

THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT

ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE: \_\_\_\_\_

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614