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 applicable law.

(PLEASE PRINT)

Name ________________________________ Date ______________

Address _______________________________________________________

______________________________________________________________

Phone Number ___________________ Alternate or Cell Number __________________

Email _______________________________________________________

REFERRAL SOURCE: CA Employee _____ Ad _____ Walk-In _____ Web _____ Other_____

Cape Abilities Volunteer Opportunities: Please indicate which program/activity interests you:

___ Fundraising: assist our Development team in raising funds to support our programs

___ Events: assist with unique or recurring events in a variety of ways suited to your availability and talents

___ Social Media Volunteer: photographing Cape Abilities activities and posting to social media at:

   ___ General ___ Cape Abilities Farm, Dennis ___ Cape Abilities Thrift Store, West Yarmouth

___ Website Volunteer: assist in posting content to the Cape Abilities website and keeping it up to date

___ Greeter/Host at Sensory Film Series, Chatham: take turns on the 3rd Saturday of the month (when reopen)

___ Residential Services: crafts, games, activities with residents of our group homes across the Cape (when reopen)

___ Community Based Day Supports or Day Habilitation: on and off-site activities, including life skills, cooking, exercise, music, art, and community activities: ___ Hyannis ___ Eastham ___ Falmouth (when reopen)

___ Zoom Day Hab: host or participate in one or more Zoom Day Hab sessions for our participants

___ Administration, Hyannis: ___ Reception ___ Filing ___ Scanning/Data Entry ___ General

___ Cape Abilities Farm, Dennis: ___ Greenhouse ___ Garden Center ___ Retail Store ___ Events

___ Cape Abilities Thrift Shop, West Yarmouth

___ Cape Abilities Farm Market, Chatham (seasonal - Summer only)
What days and times are you available to volunteer?

Sunday/Time _____________________    Monday/Time _______________

Tuesday/Time _________________    Wednesday/Time _______________

Thursday/Time _________________    Friday/Time _______________

Saturday/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.

<table>
<thead>
<tr>
<th>Date (Month &amp; Year)</th>
<th>Organization (Employer, School, etc.) Address, Telephone</th>
<th>Related Activities Performed</th>
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<tbody>
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<td>To</td>
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</table>

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

___________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
References:
Please provide the name, address and phone number of two references who are not related to you.

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<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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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: ______________________

• 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 and liability waiver and 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, and I agree to allow Cape Abilities to run CORI and fingerprinting screening procedures on my application.

Signature: ____________________________ Date: ______________________

Please return to: Cape Abilities
Attn: Volunteer Coordinator
859 Mary Dunn Road
Hyannis, MA 02601
or: volunteer@capeabilities.org

Updated: August 6, 2020