



## **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 3<sup>rd</sup> 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.

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

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

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**References:**

Please provide the name, address and phone number of two 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: \_\_\_\_\_

- 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](mailto:volunteer@capeabilities.org)