



CAPP Volunteer Application 2016

Volunteers are our most valuable community resource. Community Action Partnership of Providence appreciates your interest in our Volunteer Program.

Personal Information

Date _____

First and Last Name			
Address			
City/State/Zip Code			
Email			
Phone	work	cell	home
Best time to call			

Medical & Emergency Information

Emergency contact person			
Relationship			
Phone			
Do you have physical limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employment History

Are you currently employed? Yes No

Employer			
Job Title			
Work Schedule			

Education

Year Completed

Attending

High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Vocational School		<input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer History

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Organization's Name	
Activities	

Please list any special training, skills or other qualities you feel you can incorporate into your volunteer work: (please indicate skill level) Beginner Skilled Can Teach

1. _____
2. _____
3. _____

How did you hear about CAPP? _____

Why would you like to volunteer at CAPP? college course community service other

What languages do you speak?

Language: _____ Speak _____ Read _____ Write _____
 Language: _____ Speak _____ Read _____ Write _____

Check the following areas of volunteer activities that you are interested in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Clerical/Administrative | <input type="checkbox"/> Facilities/Maintenance | <input type="checkbox"/> GED/ABE-education |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Finances | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Holiday drives |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Youth Success | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Media: Web, newsletter, blogs |
| <input type="checkbox"/> Other: _____ | | |

Available to Volunteer

Number of days per week you are available (circle): 1 2 3 4 5
 Days of week you are available? Monday Tuesday Wednesday Thursday Friday

Please provide time of day you are available _____
 Are you available? Evenings Weekends

Do you have access to transportation? Yes No

Declaration

I _____ understand that all information that I learn and hear while volunteering in any Community Action Partnership of Providence program is confidential and not to be shared with anyone outside of the staff at the respective CAP site.

Volunteer Signature

Staff Signature