



19 Childs Homestead Road
Orleans, MA 02653

774-316-4640
www.capecodvillage.org

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: CDD Employee ___ Ad ___ Walk-In ___ Web ___ Other _____

Center for Developmental Disabilities 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

___ **Photographer Volunteer:** photographing CDD activities

___ **Community Based Day Supports:** on and off-site activities, including life skills, cooking, exercise, music, art, and community activities

___ **Administration:** ___ Reception ___ Filing ___ Date Entry ___ General ___

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 the Center for Developmental Disabilities.

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

The mission of Cape Cod Village Center for Developmental Disabilities is to meet the ongoing community living needs of adults on the autism spectrum or with other intellectual or developmental disabilities.



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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

NAME	EMAIL	TELEPHONE

Emergency Contact:

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

Name: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

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

Signature: _____ Date: _____

I consent to and authorize the use and reproduction, by CCVCDD, 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 CCVCDD and its participants.

Signature: _____ Date: _____

- I declare 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 fill out a CORI form and provide a copy of a Photo ID, and I agree to allow CDD to run CORI screening procedure on my application.
- I agree to sign a confidentiality statement and liability waiver and I understand that all information given to me concerning participants must remain confidential.

Signature: _____ Date: _____

Please return to: Cape Cod Village Center for Developmental Disabilities or email: info@capecodvillage.org
Attn: Program and Facility Coordinator
19 Childs Homestead Road
Orleans, MA 02653

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