



# Community Connections Inc.

Opportunities for People with Disabilities

## 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 federal, state, or local law.

(PLEASE PRINT)

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate or Cell number \_\_\_\_\_

REFERRAL SOURCE: CCI Employee \_\_\_\_\_ Advertisement \_\_\_\_\_ Walk-In \_\_\_\_\_ Web \_\_\_\_\_

Other, please explain \_\_\_\_\_

### 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 Community Connections., Inc.

DATE (month & year) FROM TO		ORGANIZATION (employer, school, etc.) Address, Telephone	RELATED ACTIVITIES PERFORMED

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS and QUALIFICATIONS:

Summarize special skills and qualifications

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REFERENCES:

Please provide the name, address and telephone number of three references who are not related to you .

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White days and times are you available to volunteer?

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

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

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

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

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

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

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

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

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

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

VOLUNTEER'S STATEMENT

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application as necessary in arriving at an acceptance decision. I understand that this application is not and is not intended to be a contract of employment.

- I understand that I am required to abide by all rules and regulations of Community Connections, Inc., which apply to volunteers.
- I agree to participate in mandatory on-site training and orientation.
- If I cannot participate for my assigned volunteer position I will give notification as early as possible but at minimum 24 hours in advance.
- I acknowledge and consent to Community Connections, Inc., investigating my criminal offender record as part of my application for volunteerism, having been deemed eligible and given a conditional offer to volunteer.

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SIGNATURE of VOLUNTEER

DATE

Please return to:

Marketing Department  
Community Connections Inc.  
127 Whites Path  
South Yarmouth, MA 02664

(508) 362-1140

[www.communityconnectionsinc.org](http://www.communityconnectionsinc.org)