

## CONSUMER ASSISTANCE COUNCIL, INC.

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### Volunteer Application

Name:

Address:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Employment history  
 Employed  
 Paralegal Student  
 College Student  
 Retiree
2. Have you ever volunteered with CAC before?  Yes  No
3. How were you referred to CAC?
4. Are you volunteering to fulfill a requirement of any program including internships for school credit or stipend?  Yes  No If you answered yes to question #4, please provide a written statement from the program detailing all requirements for both you and for CAC. We must have this statement before we can process your application.
5. What type of volunteer work are you interested in?

#### 6. Availability

I can volunteer for approximately \_\_\_\_\_ weeks beginning \_\_\_\_\_  
*Month/day/year*

I can volunteer approximately \_\_\_\_\_ hours a week.

I am available (please check):

Mornings:  Monday  Tuesday  Wednesday  Thursday  Friday

Afternoons:  Monday  Tuesday  Wednesday  Thursday  Friday

7. What skills do you have to offer CONSUMER ASSISTANCE COUNCIL, Inc. such as languages in which you are fluent, community advocacy, office or technical skills, fundraising, etc.?

8. Have you or any member of your family ever been a client of CAC?  Yes  No

9. Please list two references (phone numbers) that we may contact (non-family):

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

11. I certify that all statements made on this application and my resume are true:

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

Executive Director \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, fax or e-mail your completed application and resume to:**

Marie Clougher, Esq., Executive Director  
Consumer Assistance Council, Inc.  
The Joseph Beecher Building  
149 Main St., Hyannis, MA 02601  
Phone: (508) 771-0700  
Fax: 508-771-3011  
info@consumercouncil.com