

CONSUMER ASSISTANCE COUNCIL, INC.

Volunteer Application

Name: _____

Address: _____

Phone: _____ Email: _____

1. Employment history

Paralegal Student

College Student

Retiree

Employed

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