

PUTNAM COMMUNITY ACTION PARTNERSHIP

VOLUNTEER APPLICATION

Name: _____

Address: _____ Email: _____

Telephone: Home _____ Cell _____ Work _____

Occupation: _____ Employer: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Why are you interested in volunteering at Putnam CAP?

Please describe any volunteer experience and/or special skills you have: _____

Area(s) of Interest: Soup Kitchen Food Pantry Fundraising Holiday Toys
 Office/Clerical/Technology Thanksgiving Baskets School Supplies

Availability: Mon Tue Wed Thu Fri Hours: _____

CONFIDENTIALITY POLICY: We, the staff and volunteers of Putnam CAP, respect your right to privacy. It is our primary goal to assure you that any information entered into our computer system, or shared with us during discussions, is kept private. Our agency does not give any of this information to any person or agency without your consent. We hope that this allows you to feel safe and comfortable at Putnam Community Action Partnership. I, the undersigned, have read and discussed the above confidentiality policy. I understand that by signing this statement, I agree to uphold this policy and respect the rights of Putnam Community Action Partnership clients.

PHOTOGRAPHIC RELEASE: I do do not grant permission for Putnam CAP to use my photograph for the purposes of publicity and advertising, such as newspaper articles & on the organization's website.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____