



FALMOUTH SERVICE CENTER

Helping Neighbors in Need Since 1983

Location:
611 Gifford Street, Falmouth MA 02540

Mailing Address:
P.O. Box 208, Falmouth MA 02541
Tel 508-548-2794 | Fax 508-548-3592

Volunteer Application

Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

In case of emergency contact: _____ Phone: _____

Please briefly explain why you wish to volunteer at the FSC: _____

In order to better find a volunteer niche for you, please describe your interests, work experience and areas of expertise: _____

References (not family):

Name: _____ Phone: _____

Name: _____ Phone: _____

In accepting the position of a volunteer at FSC, it is understood that all information concerning what occurs in your time here is held in the strictest confidence. I agree to uphold and respect this at all times, and I further understand that I could be dismissed for disregarding policies of confidentiality. I authorize FSC to contact my references and process my CORI prior to making a final determination on my application.

Signed: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE: FOR ADMIN. ONLY

APPLICATION REC. BY: _____ DATE: _____

REFERENCES CHECKED BY (SEE ATTACHED): _____ DATE: _____

CORI RECEIVED AND CHECKED BY: _____ Y ___ N ___ DATE: _____

POTENTIAL VOL. NOTIFIED OF DECISION BY: _____ DATE: _____ WILL BEGIN: _____ ON SHIFT _____ @ TIME _____