

# LOWER CAPE OUTREACH COUNCIL

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## Volunteer Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

Thank you for your interest in the Lower Cape Outreach Council volunteer community!

You can be part of an organization that makes a difference in the lives of our neighbors in eight towns from Brewster and Harwich to Provincetown.

One of our volunteer coordinators will contact you to set up a convenient time to meet and discuss how we can help you find a volunteer placement at LCOC. In order to help us learn a little about what you will bring to the organization, please answer the following questions.

What are your interests and goals in volunteering with LCOC?

How much time do you anticipate volunteering at LCOC?

Would you prefer \_\_\_\_ a fixed schedule or \_\_\_\_ a flexible schedule?

How did you learn about LCOC?

**Please describe your:**

Work experience

Special skills or language fluency

Special training, courses, certificates or licenses

Volunteer experience

Some of our LCOC volunteers have age-related or medical needs which influence where they best fit in to LCOC. Please let us know any similar issues you may have so that we may accommodate you.

If you have additional information or ideas you wish to share, please use this space.

**Thank you for your time and we look forward to meeting you.**

**Lower Cape Outreach Council (LCOC)**

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Circle Initial Contact: phone call office visit website other