

RCAP Solutions
Volunteer / Internship Application
Please Print

Today's Date ___ / ___ / ___

Birth Date ___ / ___ / ___

applicant must be 18 years of age or older

Last _____

First _____

Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell/Work _____

In Case of Emergency, Call _____ Relationship _____

Phone _____

Do you have access to reliable transportation YES _____ NO _____

Please tell us what volunteer opportunities interest you:

Administrative Work

Clerial /Phones

Community Outreach

Project Ambassadors

Please select the days of the weekend times you are typically available:

Days: **Sun** **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat**

Times: **Morning** **Afternoon** **Evenings**

Please list related experience/special skill sets:

Please return this form to RCAP Solutions c/o Sharon Drake 205 School Street, Gardner, MA 01440

Questions? sdrake@rcapsolutions.org or 978/630-6665

Please note that we collect volunteer applications all year long, but we only review them and set up interviews on a quarterly as needed basis. Thank you for your interest.