



Coalition Against Poverty in Suffolk  
C A P S

## VOLUNTEER APPLICATION

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

### GENERAL INFORMATION

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Name: \_\_\_\_\_ Gender (circle one):    Male    Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

### SKILL LEVEL

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List your skills (i.e. typing, technology, fundraising, public speaking, training):

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List your interests (i.e. reading, traveling, shopping):

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List previous volunteer experience and community affiliations you have (i.e. church, volunteer program, school):

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Please circle the word that best describes your skill level for each area.

**PHONE ETIQUETTE:**

Very Weak      Weak      Average      Strong      Very Strong

Comments:

**INTERPERSONAL SKILLS:**

Very Weak      Weak      Average      Strong      Very Strong

Comments:

**COMMUNICATION SKILLS:**

Very Weak      Weak      Average      Strong      Very Strong

Comments:

**ORGANIZATIONAL SKILLS:**

Very Weak      Weak      Average      Strong      Very Strong

Comments:

**COMPASSION:**

Very Weak      Weak      Average      Strong      Very Strong

Comments:

**COMPUTER SKILLS:**

Very Weak      Weak      Average      Strong      Very Strong

Comments:

**EDUCATIONAL BACKGROUND INFORMATION**

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Circle highest level of education completed:

7<sup>th</sup> grade    8<sup>th</sup> grade    9<sup>th</sup> grade    10<sup>th</sup> grade    11<sup>th</sup> grade    12<sup>th</sup> grade    GED

Vocational Training    Junior College    College    Graduate School

Did you receive a certificate or diploma from a college or training facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what training/degree did you receive? \_\_\_\_\_

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**SECURITY**

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Do you have a criminal history? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor or served time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below.

**PROFESSIONAL EXPERIENCE**

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*Please tell us about your professional experience*

Company/Organization	
Your Position	
Your Responsibilities	
Company/Organization	
Your Position	
Your Responsibilities	
Company	
Your Position/Connection	
Your Responsibilities	

## STATEMENT OF FAITH

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*CAPS is a Christian organization that seeks to assist with both financial and spiritual needs. Our staff offers to pray with each client and encourages them to be connected to faith community. Our volunteers need to be able to support the CAPS mission and vision by sharing a Christian faith. We have chosen to use the Nicene Creed as a standard statement of faith.*

### The Nicene Creed

I believe in one God, the Father Almighty, Maker of heaven and earth, and of all things visible and invisible.

And in one Lord Jesus Christ, the only-begotten Son of God, begotten of the Father before all worlds; God of God, Light of Light, very God of very God; begotten, not made, being of one substance with the Father, by whom all things were made.

Who, for us men for our salvation, came down from heaven, and was incarnate by the Holy Spirit of the virgin Mary, and was made man; and was crucified also for us under Pontius Pilate; He suffered and was buried; and the third day He rose again, according to the Scriptures; and ascended into heaven, and sits on the right hand of the Father; and He shall come again, with glory, to judge the quick and the dead; whose kingdom shall have no end.

And I believe in the Holy Ghost, the Lord and Giver of Life; who proceeds from the Father [and the Son]; who with the Father and the Son together is worshipped and glorified; who spoke by the prophets.

And I believe one holy catholic and apostolic Church. I acknowledge one baptism for the remission of sins; and I look for the resurrection of the dead, and the life of the world to come. Amen.

By signing this Statement of Faith, I am testifying that I believe in the Nicene Creed and that my personal life is a reflection of my beliefs.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AGREEMENT & SIGNATURE

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By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CONFIDENTIALITY AGREEMENT

During my participation as a volunteer for the Coalition Against Poverty In Suffolk, Inc. (CAPS) I will be exposed to information that is confidential and personal in nature. I agree to the clients' right to privacy and agree to the following:

All client information obtained while serving as a volunteer for CAPS will be held in the strictest of confidence.

- Information will only be exchanged with CAPS staff and board members.
- All information will be maintained in a secure manner and accessible only to representatives of CAPS with a "Need To Know."

I, the undersigned, do hereby agree to abide by this confidentiality agreement. I fully understand that any violation of this agreement on my part will result in my immediate termination from participation in CAPS. I fully understand that this confidentiality requirement will continue after my participation as a volunteer for CAPS is ended.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_