



Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Employer Information

Present Employer: _____

Address: _____ Phone: _____

Position: _____ #Years _____

How did you hear about the Children's Cove?

Availability (hours per week): _____

Please indicate which days you are available.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please describe why you are interested in volunteering for Children's Cove.

Partner Agencies

Barnstable County • Cape and Islands District Attorney's Office • Cape Cod Hospital
Massachusetts Department of Mental Health • Massachusetts Department of Children & Families