



WAYNE COUNTY ACTION PROGRAM, INC.
 159 MONTEZUMA STREET, LYONS, NY, 14489
 315-665-0131
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 WWW.WAYNECAP.ORG

VOLUNTEER APPLICATION

Wayne County Action Program’s mission is to coordinate resources to empower and inspire people in need to reach their full potential. Wayne CAP is committed to the idea that involving volunteers in its operations will assist in carrying out this mission for the community. Therefore, we believe that:

Volunteers allow the agency to provide enhanced services to the community.

Volunteers provide a vital link between the agency and the community both by informing the community about the services the agency has to offer and by bringing valuable community input to the agency planning process.

A thoughtfully planned and well managed volunteer program can bring a wealth of benefits to the agency, its staff, the community and the volunteers.

A successful volunteer program requires that staff and volunteers work as a team to implement the mission and goals of the agency. Volunteers complement, but do not replace library staff.

- Applicant name: _____ Date: _____
- Address: (Street) _____ (City/State) _____ (Zip) _____
- Telephone #: _____ cell or alternate #: _____
- Type of work desired: _____
- Date you will be available to begin your volunteer service: _____
- Have you ever been previously employed by our organization? Yes No
 If yes, Date: _____ Location: _____ Supervisor: _____
- Have you applied for another position within the Agency? Please list position and program applied for and date applied. _____
- How were you referred to us? _____

● Specialized education or experience related to the position? (w/expiration dates if applicable)

I hereby authorize Wayne CAP to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Wayne CAP and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

Further, I hereby authorize Wayne CAP to use any information provided herein, to perform a criminal background check for the purposes of complying with federal and local requirements; and as a condition of my potential service.

I understand that it is the policy of this organization not to refuse or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to volunteer under these conditions.

Applicant signature: _____ **Date:** _____