



Cape Coral Caring Center

Cape Coral Caring Center Volunteer Application

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Race: _____ Gender: _____

Have you ever been a client here? Yes ☐ No ☐

Do you have special skills? _____

How did you hear about us? _____

Are you a full time resident? Yes ☐ No ☐

What area would you like to serve in?

☐ Cape Coral Caring Center – Main Pantry (9:00 AM – 12:00 PM)

☐ Hurricane Resilient Hub (On-call after 8 AM – 2 PM)

Do you have a preferred day that you would like to volunteer? _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Waiver and Release of Liability

I acknowledge that there are risks involved in volunteering and I assume full responsibility for my participation. I agree to hold harmless Cape Coral Caring Center, its staff, and volunteers.

Signature: _____ Date: _____

Photo Release

I give consent to Cape Coral Caring Center to use my image (photo/video) for promotional purposes.

Signature: _____ Date: _____

Acknowledgment of volunteer policies and procedures

I acknowledge that I have reviewed and understand the volunteer policies and procedures.

Signature: _____ Date: _____