



Riverhead Community Awareness Program, Inc.
518 East Main Street, Suite 106
Riverhead, NY 11901

P 631.727.3722
F 631.727.2142

Felicia Scocozza, LMSW
Executive Director

Volunteer Enrollment Form

(Please Fill Out Both Sides)

Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Telephone # (Home): _____ (Work): _____ (Cell): _____

Email: _____

Names of children attending Riverhead Central School District Schools if applicable:

Child's Name	Grade	School	Teacher's Name

Please list any children enrolled in CAP's Peer Leadership Program: _____

Available time to attend monthly trainings: (Please check all that apply)

Monday, 6:30 PM to 8:00 PM

Tuesday, 10:00 AM to 11:30 AM

Available time to volunteer: (Please check all that apply)

Thursday, 9:15 AM to 10:15 AM

Thursday, 10:50 AM to 11:50 AM

Friday, 10:00 AM to 11:00 AM

Friday, 12:44 PM to 1:44 PM

riverheadcap.org

Advisory to the Riverhead Town Board, CAP is a Community Nonprofit Corporation Supported by the White House Office of National Drug Control Policy (ONDCP), Substance Abuse and Mental Health Services Administration (SAMHSA), NYS Office of Addiction Services and Supports (OASAS), Suffolk County Youth Bureau, and Suffolk County Department of Health Services.

Is there any time you are not available? _____

List any relevant background information, including work experience and education:

Do you speak any languages other than English: _____

Please list **two** references (No relatives please):

1) Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

I agree to participate in the Riverhead CAP Program at Pulaski Street Elementary School for the length of the school year.

I understand that my attendance at training is necessary to my success as a volunteer.

I understand that there are times when I may be photographed during my participation in the Riverhead CAP Program and I allow my photos and/or statements to be used in any news account, press release, or media report on Riverhead CAP; whether TV, radio or print. I understand that my photo and/or statements may appear on the Riverhead CAP's website, social media, or brochures.

(Applicant's Signature)

(Date)

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