



Volunteer Application

Please Print Clearly

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Birthday (DD/MM/YYYY): _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I am interested in:

Cashier

Sorter

Customer Service

Store Maintenance

Do you have any cash experience?

Yes

No

Please indicate the times you are available by writing an X in the boxes below:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9AM-1PM						
1PM-5PM						

Times	Sunday
11AM-3PM	
12PM-4PM	

Hours are flexible – please indicate if yours are different.
Please be aware that shifts may be full and we may have to change your times.

Please list two references:

Name of 1st Reference: _____

Name of 2nd Reference: _____

Email: _____

Email: _____

Phone Number: _____

Phone Number: _____

Relationship: _____

Relationship: _____



Please answer the following questions:

What is your past or present volunteer experience? Please indicate the length of your volunteer time and what you did.

What has brought you to us and where did you hear about the volunteer openings at the store?

Do you have any special skills or talents that would be an asset to the store? For example: repairing small appliances, speaking a second language, merchandising, etc.

- By checking this box I consent to having my contact information made available to fellow volunteers only for the purpose of emergency shift coverage when necessary.
- By checking this box I give the Community Thrift Store permission to check the references that I have provided.
- By checking this box I agree to allow the Community Thrift Store to email me information. Your contact information will not be shared with any other organization.
- By checking this box I certify that the information in this form is correct and complete.

Applicant's Signature

Date