



THRIFT SHOP VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Birth Mo. & Day: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

SKILLS AND INTERESTS

Hobbies, skills, and interests:

Volunteer experience:

AVAILABILITY *please check preferences* yearly () summer () winter ()

Monday () Tuesday () Wednesday () Thursday () Friday () Saturday ()

10am to 2pm () 2pm to 6pm () substitute only ()

What type of work are you interested in? Please indicate below:

() merchandise sorter () cashier () storefront () pricing

REFERENCES (2) *not family members*

1. Name: _____

Address: _____ City: _____

Phone: _____

2. Name: _____

Address: _____ City: _____

Phone: _____

Signature: _____ Date: _____

