



Volunteer Application

Contact Information

Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birthday (Month/day)	

Availability

During which days are you generally available for volunteer opportunities?

- Tuesday Friday
 Wednesday Saturday
 Thursday Special Events

Interests

Tell us in which areas you are interested in volunteering:

- Cashier Merchandise Processing
 Assistant Cashier Sales Floor Assistance
 Clothing Volunteer Coordination
 Jewelry Events
 Pick-ups/Deliveries

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Your contact information will NOT be shared with any other organization or individual.

Thank you for completing this application form and for your interest in volunteering with us.

Volunteer Signature _____

Parent/Guardian Signature if less than 18 years old _____

For office use only – Start date: _____ Orientation date: _____