

# St Peter's Episcopal Church, Spotswood

## THRIFT STORE Volunteer Form



### Contact Information

Name			Birthday	
Street Address				
City ST ZIP Code				
Home Phone		Cell Phone		
Email Address				

### Availability: *During which hours are you available for volunteer assignments?*

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings
<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Weekend evenings
<input type="checkbox"/> I am not available on a scheduled basis, but would like to help out when I have extra time.		

### Interests: *Tell us in which areas you are interested in volunteering in our Thrift Shop*

<input type="checkbox"/> Wherever needed most	<input type="checkbox"/> Taking donations, sorting, tagging items, etc.
<input type="checkbox"/> Selling, merchandising, helping customers	<input type="checkbox"/> Internet Sales (I am computer savvy and can set this up)
Other: Specify	

### Special Skills or Qualifications: *Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that might help us to place you appropriately.*


### Person to Notify in Case of Emergency

Name/Relationship			
City			
Emergency Contact Phone Number			

### Agreement and Signature: *By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in dismissal.*

Volunteer's Name (printed)			
Signature		Date	

### Youth Volunteers (under 18) Parent/Guardian Permission: *I give permission for my child to volunteer at the St Peter's Thrift Store, Spotswood under adult supervision. My child and I understand that in the event his/her behavior is inappropriate or that she/he does not perform their duties as instructed I will be contacted and asked to pick them up before the activity ends.*

Parent/Guardian Name (printed)			
Signature		Phone #	Date:
Medical/Health Condition that your child may have of which we should be aware:			

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