

Volunteer Application Form

#volunteersaretheheart

Thank you for your interest in volunteering with *Second Chance Thrift Shop*. Volunteers are the heart of our organization and are the reason for our success. The information you provide will be stored in confidence.

Personal Details				Date Submitted				
Name:								
Mailing Add	lress:							
						Zip_		
Telephone:	(Home)			(Mobile) ₋			
E-Mail:					_			
Birth-date:	Mc	onth / D	ay / Year		_			
If you are involved with us as a volunteer and an emergency arises, whom should we contact?								
Name:					Relationship:			
Telephone: (Home)					_ (Cell Phone)			
Volunteers work with one of our organizational committees. Which committee/committees would you be interested in working with? In shop volunteers must be able to stand and circulate around the shop for at least 1 hour. Back room volunteers must be able to lift at least 10 lbs.								
Shop Floor / Windows					Back Room Front Desk: 930am-1:30pm or 1:15pm-5:15pm Hospitality / Sunshine			
When are you available to volunteer?								
Morning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Flexible	
Afternoon								
How often can you commit to volunteer?								
☐ Once a week ☐ Twice a month ☐ Flexible								
How did you find out about volunteering with Second Chance Thrift Shop?								
 ☐ Family / Friend ☐ Leaflet / Poster ☐ Facebook posting ☐ Media- Radio / Television / Newspaper ☐ Other 								
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All volunteers will be subject to a SLED Background check for security purposes. There is not cost for this.