



WOMEN'S RESALE BOUTIQUE

Volunteer Application

Personal Contact Information

Date: _____ Name: _____

Current Address: _____

Phone: _____ Email Address: _____

Address: _____

Emergency Contact Information

Name: _____ Relationship with Volunteer _____

Current Address: _____

Phone: _____ Email Address: _____

Skills and Interests

Special training, skills, hobbies, interests: _____

I am interested in working in the following areas:

_____ Advertising & Communication

_____ Sorting Donations

_____ Cleaning the Shop

_____ Special Events

_____ Yard Care

_____ Transporting Donations

_____ Sales

_____ Shop Decor_

How often do you want to work? ___ Weekly ___ Biweekly ___ Once a month

Best days for me to volunteer? (Circle) Wednesday Thursday Friday Saturday

References

Name: _____ Relationship with Volunteer _____

Phone: _____ Email Address: _____