



SAINT MARGARET'S THRIFT SHOP VOLUNTEER APPLICATION

CONTACT INFORMATION

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

AVAILABILITY

During which hours are you available to volunteer?

_____ WEEKDAY MORNING

_____ WEEKDAY AFTERNOONS

_____ WEEKDAY EVENINGS

_____ SATURDAYS

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____

RELATIONSHIP TO VOLUNTEER _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

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 my immediate dismissal.

NAME (PRINTED) _____

SIGNATURE _____ DATE _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without discrimination based on sex, marital status, race, color, creed, national origin, age, religion, or the presence of any physical or sensory handicap.

THANK YOU FOR COMPLETING THIS APPLICATION FORM
AND FOR YOUR INTEREST IN VOLUNTEERING WITH US.

SAINT MARGARET'S THRIFT SHOP
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BELLEVUE, WA 98006
425.641.6830
thriftshop@saintmargarets.org