

FRINGE BENEFITS THRIFT STORE

SHOP 🐾 RECYCLE 🐾 SAVE
TO HELP ANIMALS

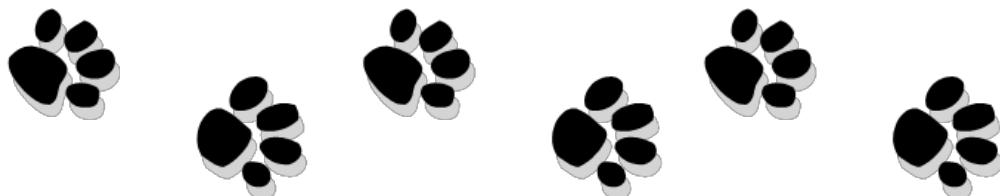
WELCOME TO OUR VOLUNTEER APPLICATION.

Thank you for your interest in volunteering at Fringe Benefits!

Because of the integrity of our organization we do require that all those interested in volunteering complete and sign a volunteer application. Please return your application to the Fringe Benefits store location that you would like to volunteer at. You will be contacted by management once it is received.

Fringe Benefits has standard operating procedures that we require staff and volunteers to follow. We find this structure helps us to maintain happy customers and a healthy work environment.

We do not have specific shifts that need to be fulfilled. Most of our volunteers work one day a week for a few hours at a time and we are grateful for anytime they have to give!



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VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Availability (time, days) _____

Are you willing to have an interview with the staff of Fringe Benefits? _____

Are you willing to follow a volunteer work schedule? _____

Are you willing to participate in volunteer training/orientation? _____

Areas and/or positions of interest (cashier, special events, etc.) _____

ADDITIONAL INFORMATION

Please list special skills/training _____

Please list any other personal/work experience that apply _____

EMPLOYMENT/ VOLUNTEER HISTORY

Are you currently employed /volunteering?_____

Please list our work/volunteer history beginning with your current or most recent.

Name of Employer:_____

Were you a volunteer or paid staff?_____

Name of Supervisor:_____

Telephone Number:_____

Business Type: _____

Address:_____

City, state, zip:_____

Length of Employment (Include Dates: _____

Position & Duties:_____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer:_____

Were you a volunteer or paid staff?_____

Name of Supervisor:_____

Telephone Number:_____

Business Type: _____

Address:_____

City, state, zip:_____

Length of Employment (Include Dates: _____

Position & Duties:_____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer:_____

Were you a volunteer or paid staff?_____

Name of Supervisor:_____

Telephone Number:_____

Business Type: _____

Address:_____

City, state, zip:_____

Length of Employment (Include Dates: _____

Position & Duties:_____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

REFERENCES

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

PLEASE READ THE FOLLOWING PARAGRAPH AND THEN SIGN BELOW.

I understand that all volunteer positions are on an as needed basis and can be terminated at any time. I release Fringe Benefits Thrift Store, directors, staff, volunteers and supporters from any liability or claims of injury or illness arising from my participation in a volunteer capacity. I acknowledge that I have thoroughly read and understand the terms and conditions of the above release. I waive legal rights to bring lawsuit against Fringe Benefits Thrift Store, directors, staff, volunteers and supporters.

Signature _____ *Date* _____

If under 18, legal guardian sign here _____ *Date* _____
(minimum age 16 yrs to volunteer)