

NEW 4 YOU THRIFT BOUTIQUE VOLUNTEER APPLICATION

4909 Cordell Ave, Bethesda, MD 20814

301-656-2002

New4YouThriftBoutique@gmail.com

www.new4youthrift.org

Name: _____

Address: _____

City, State, Zip: _____

Contact Information:

Phone: _____ Home/Work/Cell (Circle one)

Email: _____

Date of Birth (optional) – Cashiers must be 21 and over: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Previous applicable work and/or volunteer experience if any (we will train):

Please tell us in which areas you are interested in volunteering:

Cashiers (21 and over) _____ Cashier Assistant _____ Sorter/Pricer _____

Show and Sell Jewelry _____

Please indicate days available: W___ Th___ F___ S___ (11:00 AM-4:00 PM) SU___ (12:00 PM—4:00 PM)

Frequency: Once a week _____ Twice a month _____ Once a month _____

Are you willing to be contacted about substituting (subject to your availability) if a volunteer is unable to work his/her shift? _____

Is there anything that would prevent you from carrying out any volunteer activities in the shop? Y N

If Yes, please explain briefly: _____

As a volunteer of our organization, I agree to abide by the policies and procedures. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

We encourage the participation of volunteers who support our mission. The information provided through this form will be kept confidential.