

# NEW4YOU, INC.

Address: 4909 Cordell Ave, Bethesda, MD 20814

Telephone Number: (301) 656-2002

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Website: [www.new4youthrift.org](http://www.new4youthrift.org)

## Volunteer Application

- First Name \_\_\_\_\_ Last Name \_\_\_\_\_
- Birth Date (M/D/Y) (Optional) \_\_\_\_\_
- Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- E-mail \_\_\_\_\_
- Cell \_\_\_\_\_
- Do you text? Yes \_\_\_\_\_ No \_\_\_\_\_
- Home phone Number \_\_\_\_\_
- Work Number (optional) \_\_\_\_\_
- Emergency contact \_\_\_\_\_
  - Relationship \_\_\_\_\_
  - phone number \_\_\_\_\_
  - E-mail address \_\_\_\_\_
- If Under 18, are you in school? Yes \_\_\_ No \_\_\_ What Year? \_\_\_\_\_
- Parent's/Guardian's Name (if under 18) \_\_\_\_\_
- Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Information:**

- Previous 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) \_\_\_\_\_ Pricing \_\_\_\_\_ Sorting \_\_\_\_\_ Greeting \_\_\_\_\_

Decorating for Holidays \_\_\_\_\_ Fundraising/Grant writing \_\_\_\_\_ Selling \_\_\_\_\_

Publicity \_\_\_\_\_ Technology \_\_\_\_\_ Special Events \_\_\_\_\_ Display \_\_\_\_\_

Charity Days \_\_\_\_\_ Show and Sell Jewelry \_\_\_\_\_

- Please indicate days available: W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ (10:00 AM-3:00 PM)  
SU \_\_\_\_\_ (11:00 AM—3:00 PM)

I can volunteer: Once a week \_\_\_\_\_ Twice a month \_\_\_\_\_ Once a month \_\_\_\_\_

I would like to be a substitute 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? \_\_\_\_\_

- Reference:

- Name \_\_\_\_\_

- Relationship (e.g., former employer; teacher: neighbor)

\_\_\_\_\_

- Telephone Number \_\_\_\_\_

- Email address \_\_\_\_\_

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 and will help us determine the most satisfying and appropriate volunteer opportunity for you**

**For Office Use Only:**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

08/02/21