



STEVESTON
THRIFT SHOP SOCIETY
Building a Stronger Community

Volunteer Form

Name: _____

Address: _____

Phone: _____

Email: _____

Previous or Current Work Experience:

Volunteer Experience: _____

Days Available: Check

Mon___ Tue___ Wed ___ Thurs___ Fri___ Sat___ Sun___

Time Availability:

Morning: 9:30 am to 12 Noon___

Afternoon: 12 Noon to 4:00 pm___

Evening: 4:00 pm to 7:00 pm___

Preferred Number of Hours:___

Start Date:_____

Any Schedule Restrictions:

Relevant Skills: (Customer Service, Retail, Organizing etc.)
