



Flying Pig
Thrift

Volunteer Application

Our mission: Flying Pig Thrift exists to honor Heather Valdez by providing a unique, energizing and downright fun nonprofit cooperative where shoppers can find thrifty treasures while benefiting local nonprofits.

Name _____ Phone _____ Birthday (no year) _____

Address _____ Email _____

Past work/volunteer experience _____

Why do you want to volunteer with us? _____

Where would you like to volunteer? Check or circle all that apply. Cash Register Sorting
 Delivery Stocking Marketing Pricing Electronics (test/repair)
 Picking up donations Cleaning donations Cleaning the shop Minor repairs

Days available (Circle all that apply) Shop hours: Tuesdays through Saturdays 11 am – 6 pm
Tuesday 11 – 3 Wednesday 11 – 3 Thursday 11 – 3 Friday 11 – 3 Saturday 11 – 3
Tuesday 2:30-6:30 Wednesday 2:30-6:30 Thursday 2:30-6:30 Friday 2:30-6:30 Saturday 2:30 – 6:30
Volunteers usually work one four-hour shift per week, but we gladly accept more than that!

Available for other times? Tell us when. _____

We ask for a two-month commitment. Are you available for two months? _____

Is there another volunteer you'd like to work with? _____

Do you need accommodations? _____

ALLERGIES: Please list all food or other serious allergies. _____

Flying Pig Thrift provides training and support for volunteers. (At the shop) Please call to schedule your training time and your first shift. Volunteers are required to use Sign Up Genius to sign on for shifts.

Emergency Contact Name _____ Phone _____

Contact person's relationship to you: _____

I certify that the answers given on this form are true and complete, and I agree to serve for 40 hours or two months or longer. I understand that I am offering my services strictly on a volunteer basis and that Flying Pig Thrift may end this volunteer placement at any time. I certify that I have been vaccinated for Covid19. I give permission to Flying Pig Thrift to use my photos for publicity purposes. And I agree to have fun on this job!

Signed _____ Printed name _____

Signature of guardian and relationship, if volunteer is under 18. _____

***** Flying Pig Thrift Use Only *****

TRAINING COMPLETE _____ Date _____ Initials _____

Position _____ Starting Date _____ Vaccination verified _____