

Charity's Closet Volunteer Enrollment Form - (ADULT)

Please Print

NAME: _____ DATE: _____

ADDRESS: _____

(Street)

CITY: _____ ZIPCODE: _____ E-MAIL: _____

PHONE#: _____

(home)

(work)

(cell)

EMERGENCY CONTACT

NAME: _____ Relationship: _____

PHONE #'s: _____

(home)

(work)

(cell)

REFERRED by/How did you learn about us? _____

PREFERENCES: (MARK YOUR CHOICES 1., 2., 3., etc.)

___ Pricing ___ Accept/Sort Donations ___ Floor Personnel

___ Subbing ___ Other _____

AVAILABILITY: (MARK YOUR CHOICES 1., 2., or 3., etc.)

1. At what times are you interested in volunteering?

Shop hours are Thursday through Sunday; 12 noon - 4 p.m. Donation Center hours are Thursday through Sunday: 12 noon – 3:00p.m.

In the shop: _____ In the Donation Center: _____

___ once a week ___ 2 times a month ___ once a month

Which week(s) of the month are best for you? _____

Day(s) available; (MARK YOUR CHOICES 1, 2, 3, etc.)

Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Can you work one Saturday a month? ___ Yes ___ No

2. When are you available to begin volunteering? _____

3. Do you have any physical limitations, or are you under any course of treatment that might limit your ability to perform certain types of work? If yes, please explain and let us know how we can better accommodate you.

___ NO ___ YES _____