

High School Community Service Charity's Closet Volunteer Enrollment Form

Please Print

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ (Street) ZIPCODE: _____ E-MAIL: _____

PHONE#: _____
(home) (work) (cell)

EMERGENCY CONTACT

NAME: _____ Relationship: _____

PHONE #'s: _____
(home) (work) (cell)

SCHOOL ATTENDING: _____ GRADE _____

NUMBER OF HOURS YOU NEED _____

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 p.m.)

___ once a week ___ once a month ___ twice 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. ___

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 _____

(1-21-2022)