

# High School Community Service Charity's Closet Volunteer Enrollment Form

*Please Print*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ (Street) ZIPCODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE#: \_\_\_\_\_  
(home) (cell)

What is the best way to contact you: email \_\_\_\_\_ home phone \_\_\_\_\_ cell phone \_\_\_\_\_

## EMERGENCY CONTACT

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE #'s: \_\_\_\_\_  
(home) (work) (cell)

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

How many hours do you need and for what? \_\_\_\_\_

(Shop Hours are Thursday through Sunday; 12 noon - 4 p.m.)

(Donation Center Hours are Thursday through Sunday 12 noon – 3 p.m.)

Day(s) available; Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_ (Check choices 1, 2, 3, etc.)

When are you available to begin volunteering? \_\_\_\_\_

Do you have any physical limitations, If yes, please explain and let us know how we can better accommodate you.

\_\_\_NO \_\_\_YES \_\_\_\_\_

**Please read and sign the following:**

**I understand that my volunteering is an integral part of the operation of Charity's Closet. I will do my best to fulfill my obligation to this commitment.**

\_\_\_\_\_