



VGH Thrift Shop Society Volunteer Application

Personal Information (Fill in Block Letters)

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Preferred Name: _____

Gender: Male Female Other Date of Birth: _____

Phone Number: Home: _____ Cell: _____

Current Address: _____ City: _____ Postal Code: _____

Permanent Mailing Address (If different from above): _____

Email: _____

Languages spoken (other than English): _____

In Case of Emergency:

Contact Name: _____ Phone Number: _____

Relationship to you: _____

Work Experience

Are you currently employed? Yes No Retired

If employed, please indicate: Full-time Part time Casual

Current Job: _____ Current Employer: _____

If no, are you looking for work? Yes No

Education / Training

Are you currently a student? Full Time Part Time Not a student

School/College/University: _____ Year/Grade: _____

Area of study: _____



Volunteering

Have you done volunteer work before? Yes No

If yes, please describe: _____

Why do you want to volunteer at the VGH Thrift Store? _____

List any special Skills, Interests, Hobbies: _____

Please describe any physical or other limitation we should know about for your personal safety and to help us place you in the best-suited role:

Which role/roles would you be interested in at the VGH Thrift Store?

Cashier / Donation Sorting Customer Service / Donation Sorting Clothing Room Sorting

Please mark the box(es) to indicate your availability to volunteer for **Cashier / Customer Service / Donation Sorting**:

Cashier/Customer Service /Donation Sorting	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9:45 am - 1:00 pm						9:45 am – 1:00 pm	Store Not Open Yet
Afternoon 12:45 pm - 3:15 pm							12:45 pm -5:15 pm
Evening 3:00 pm - 5:15 pm						1:00 pm – 5:15 pm	

Please mark the box(es) to indicate your availability to volunteer for **Clothing Room Sorting**:

Clothing Room Sorting	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10:00 am - 1:00 pm							Store Not Open Yet
Afternoon 1:00 pm - 4:00 pm							

If accepted to volunteer, can you commit to a regular weekly shift of approximately 2-4 hours over a minimum period of 4 consecutive months? Yes No

Are you willing to submit to a criminal record check if required? Yes No



References

Please list two references:

(People you have known for at least 12 months and who are not related to you)

Please inform your references that they will be contacted.

(1) Name: _____ Phone: _____

Relationship to you: _____ Email: _____

(2) Name: _____ Phone: _____

Relationship to you: _____ Email: _____

Applicants Under 19 Years Old

Parent/Legal Guardian Consent:

I, _____ give my child/ward, _____ permission to participate in the volunteer program at VGH Thrift Shop Society.

Signature of Parent/Guardian: _____ Date: _____

By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement. I authorize the VGH Thrift Store to contact my references listed and give permission to these references to release all relevant information requested.

I understand that the successful daily operation of the VGH Thrift Store is a team effort and I will assume different volunteer roles if required and make contributions to the best of my ability. I agree to abide by the VGH Thrift Store's policies, procedures, and code of conduct. I understand that any violations during my volunteer period may result in my dismissal by the VGH Thrift Store.

I also understand that my signing this volunteer application form, VGH Thrift Shop Society will keep a record of my personal information and that it will remain confidential to the VGH Thrift Shop Society. I understand that this information may be disclosed to any party with legal and proper interest, and I release VGH Thrift Shop Society from any liability whatsoever for supplying such information.

Signature: _____ **Date:** _____