

Thank you for your interest in volunteering with VGH Thrift Store. This form collects the information needed to assess your suitability for available volunteer roles.

Personal Information

Full Name:

Address: City: Postal Code:

Phone: Email:

Age Group: ☐ Under 19 ☐ 19-25 ☐ 26-40 ☐ 41-60 ☐ Over 60

DOB: Month (01-12): Day (01-31):

Preferred Pronouns (optional):

Emergency Contact

Name:

Relationship: Phone:

Availability

Please mark the box(es) to indicate your availability to volunteer.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (e.g. 9:45 am – 1 pm)	☐	☐	☐	☐	☐	☐	Closed
Afternoon (e.g. 12:45 pm – 3:15 pm)	☐	☐	☐	☐	☐	☐	
Evening (e.g. 3:00 pm – 5:15 pm)	☐	☐	☐	☐	☐	☐	

Would the times be regular of approximately 2-4 hours over a minimum period of 4 consecutive months, or would they change frequently?

☐ Regular ☐ Change

If irregular hours are needed, please explain:

Skills, Interests & Role Preferences

- ☐ Retail / Customer Service
 ☐ Cash Handling
 ☐ Sorting / Organizing
 ☐ Donation Intake
 ☐ Lifting (up to 20 lbs.)
☐ Merchandising / Display

Languages Spoken:

Other Skills, Hobbies, or Interests:

- ☐ Cashier
 ☐ Sorting
 ☐ Donation Intake
 ☐ Pricing
 ☐ Other

Other role (if applicable):

Please describe any accommodations or restrictions we should be aware of to help you volunteer safely:

Experience & Motivation

Have you volunteered before?

- ☐ Yes
 ☐ No

If yes, please tell us a bit about your experience (where, when, and what you did):

What motivates you to volunteer with us?

References

Please provide two non-family references (personal or professional):

1. Name:		Phone:	
Relationship:		Email:	
2. Name:		Phone:	
Relationship:		Email:	

Consent & Agreements

- ☐ I authorize VGH Thrift Store to contact the references listed above.
- ☐ I understand that a background check may be required depending on the role.
- ☐ I agree to maintain confidentiality regarding all information I may encounter as a volunteer.
- ☐ I confirm that the information provided is true and complete to the best of my knowledge.
- ☐ Personal information collected on this form is used solely to assess and manage volunteer participation with VGH Thrift Store. 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.

Volunteer Commitment

I agree to:

- Perform my volunteer duties to the best of my ability.
- Follow store policies, health and safety procedures, and confidentiality rules.
- Notify my supervisor if unable to attend a scheduled shift promptly.

Signature: Date:

If under 19:

Parent/Guardian Name: Signature:

Date:

Signature fields permit typed names. If handwritten or verified signatures are required, print or use a separate signing process.