



FOR OFFICE USE ONLY

Orientation Info. Sent ___/___/200___
E-mail Entered ___/___/200___
Entered In Habitraks ___/___/200___
Inactive as of ___/___/200___

THRIFT STORE VOLUNTEER

PERSONAL INFORMATION

Date of Application: ___/___/200___ Store Location: Clermont Eustis
Leesburg Wildwood

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Group you are volunteering with, if any:

Emergency Contact: Name: _____

Phone: _____

AVAILABILITY

What months are you available? _____

What mornings or afternoons are you available? _____

AREAS OF INTEREST/SKILLS (Please check all that apply.)

Cashier___ Answering the phone___ Repairing electrical appliances___

Pricing antiques & collectables___ Loading (able to lift over 50 pounds) ___

ALL VOLUNTEERS ARE REQUIRED TO SIGN THE RELEASE & WAIVER OF
LIABILITY FORM ON THE REVERSE SIDE OF THIS FORM. →

THANK YOU FOR VOLUNTEERING!!!