Family Pathways

Thrift Store Volunteer Application

Date: _____

Full Name_____ Birthdate (Month/day): _____

Address_____
Street City State Zip

Home Phone _____Work _____Cell _____ E-mail_____

Person to notify in case of emergency:

Name _____ Relationship_____

Address _____ Phone _____

Have you every been convicted of *any* crime, including sexual offenses/child abuse? _____

Have you served as a volunteer before? If yes, where did you volunteer? _____

Areas of expertise (antiques, computer use, displays, etc): _____

_____

Do you have health problems or physical limitations which would prevent you from performing this type of volunteer work?

____yes ____no If yes, please explain:_____

How did you find out about our volunteer program? _____

___Family Pathways Staff Member ___Family/Friend ___Website ___Facebook/Twitter ___Other _____
(Please list other)

Postions of interest:

___Jewelry Dept. ___Fabric/Craft Dept. ___Antique Dept. ___Clothing Processor ___Book Dept.

___Display Set-up/Merchandising ___Hard Good/Donation Dept. ___Customer Service/Cashier Assistant

___Organizing/Cleaning Sales Floor ___Handyman projects ___Other, please describe: _____

Please indicate which day and shift would work best for you.

Shift	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
9 am-1 pm							
12 pm-4 pm							
3 pm-7 pm							

CONFIDENTIALITY STATEMENT:

Due to the nature of our work, the people who use our services are protected by law from any unauthorized disclosure to **anyone** about their use of services except to those working within the agency who have case involvement. Authorized disclosure to other agencies is only allowed when we receive specific written, dated, and signed permission from the client.

I have read the above statement and have discussed it with agency staff.

Volunteer signature _____ Date _____

Agency Staff _____ Date _____

For Office Use

Referal Staff Name: _____

Store Location:

___ CBTS ___FLTS ___FOTS ___HKTS ___ISTS ___PCTS ___PRTS ___RCTS ___SCTS ___WYTS