



Cancer Connection Thrift Shop - 375 South Street, Northampton MA - (413) 587-9999

::VOLUNTEER APPLICATION / QUESTIONNAIRE::

Please save and email completed form as attachment to cquinn@cancer-connection.org
OR print and mail it to: Cancer Connection Thrift Shop, 375 South St, Northampton, MA 01060

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Please choose your areas of interest. Check all that apply.

<input type="checkbox"/> Cashier/Checkout counter	<input type="checkbox"/> Light cleaning/dusting online	<input type="checkbox"/> Stocking/merchandising
<input type="checkbox"/> Display design	<input type="checkbox"/> shop assisting	<input type="checkbox"/> Unpacking donations
<input type="checkbox"/> Helping with incoming donations	<input type="checkbox"/> Book room	<input type="checkbox"/> Sorting donations
<input type="checkbox"/> Sales Associate	<input type="checkbox"/> Mending/sewing	<input type="checkbox"/> Organizing
<input type="checkbox"/> Answering the phone	<input type="checkbox"/> Repairing items	<input type="checkbox"/> Handyperson
<input type="checkbox"/> Greeter	<input type="checkbox"/> Item research	<input type="checkbox"/> Other (*please specify below)

*Other _____

What do you hope to gain from your volunteer experience? _____

How often would you like to work? _____ What hours are you available? _____

Please circle the days you are available: WEDNESDAY THURSDAY FRIDAY SATURDAY

SPECIAL EVENTS ON-CALL/SUBSTITUTE SEASONAL OTHER (PLEASE SPECIFY) _____

Please provide a contact person(s) in case of emergency: Name(s) _____

Emergency Contact's Phone number(s) _____

Please provide two references and their phone numbers and/or email addresses: _____

Thank You! Volunteers are the heart of the Cancer Connection Thrift Shop!

Office Use Only
___ Trained
___ Given Manual



Cancer Connection Thrift Shop - 375 South Street, Northampton MA - (413) 587-9999

::VOLUNTEER ACKNOWLEDGEMENT::

Are you currently volunteering for Cancer Connection Inc. or anywhere else? _____

Volunteer signature _____ Date _____

As a volunteer at the Cancer Connection Thrift Shop, I recognize and acknowledge that there are certain risks of physical injury and loss. I agree to assume the full and complete risk of, and to waive, relinquish, fully release and discharge Cancer Connection, Inc. and its officers, directors, employees, volunteers, successors and assigns from, all claims and liabilities arising from any injuries, damages or loss which I may sustain as a result of participation in any and all activities connected or associated with my Thrift Shop volunteering.

Name (Please Print) _____

Signature _____

Date _____