



## Thrift Shop

### :: VOLUNTEER APPLICATION/QUESTIONNAIRE ::

375 South Street :: Northampton, MA :: thriftshop@cancer-connection.org :: 413.587.9999

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home and Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

- |  |  |  |
|--|--|--|
| checkout counter <input type="checkbox"/>    | light cleaning /dusting <input type="checkbox"/>         | pricing items/research <input type="checkbox"/>  |
| display design <input type="checkbox"/>      | eBay/online presence <input type="checkbox"/>            | assisting customers <input type="checkbox"/>     |
| sales associate <input type="checkbox"/>     | clerical /administrative <input type="checkbox"/>        | stocking /merchandising <input type="checkbox"/> |
| sorting donations <input type="checkbox"/>   | librarian (sort book donations) <input type="checkbox"/> | IT support <input type="checkbox"/>              |
| special events <input type="checkbox"/>      | sewing /tailoring <input type="checkbox"/>               | handyperson <input type="checkbox"/>             |
| greeter <input type="checkbox"/>             | pick up/delivery <input type="checkbox"/>                | a little of everything <input type="checkbox"/>  |
| answering the phone <input type="checkbox"/> | repairing items <input type="checkbox"/>                 | more <input type="checkbox"/>                    |

Please provide us with any additional skills or hobbies you have and would like to utilize:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to get out of your volunteer experience? (Feel free to write on the back.)

\_\_\_\_\_  
\_\_\_\_\_

How often would you like to work? \_\_\_\_\_

Please check the days and times you are available to work:

Tuesdays  Wednesdays  Thursdays  Fridays  Saturdays

10am-12:30pm  12:30pm-3:30pm  3:30pm-6:30pm  special events  on-call/substitute  freelance  seasonal  other

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please provide a contact person in case of emergency:

Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Are you currently volunteering for Cancer Connection, Inc. or anywhere else? \_\_\_\_\_

Are you an RSVP volunteer? \_\_\_\_\_

Please provide your car model and license plate if you'll be parking at the shop \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

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