

Charity's Closet Volunteer Application

Volunteer Details

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Preferred Contact: Email: _____

Phone Number: Cell: _____ Home: _____

Emergency Contact: Name: _____ Cell: _____

Alternate Contact: Name: _____ Cell: _____

Volunteer Questions

How did you hear about the opportunity to volunteer with us?	
Do you know anyone who is a Charity's Closet volunteer? If so, please name	
Please list any volunteer experience you have (where, how long, what did you do, why did you stop?)	
What is your primary reason to apply as a volunteer with us?	
Do you speak another language? If so, which language(s)?	
We are open Thursday – Sunday Shop: 12:00 – 4:00 Donations: 12:00 – 3:00	What day(s) are you available to volunteer? Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ Would you be available to work one Saturday a month? Yes ☐ No ☐
When are you able to begin volunteering?	
Is there anything we need to know that will affect your ability to perform the duties related to your role as a volunteer with us? (allergies, restricted lifting, restricting sitting or standing)?	