Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

Current Address City Province Postal Code

Home Telephone Cell Telephone E-mail Address

Education Highest Education Completed

Employer’s Name/School’s Name Occupation/Academic Major

Parent’s/Guardian’s Name (if under 18 yrs.) Supervisor’s Name & Signature

Are you at least 18 years of age? Yes No ­­­­­\_\_\_\_\_\_\_

Why would you like to volunteer at reNew Thrift Store?

**Volunteer Work;** Please list organizations that you currently are volunteering for or have volunteered for in the past including: community clubs, schools, religious organizations, professional associations, non-profit organizations, sporting organizations, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | Your Responsibilities | From (M/Y) | To (M/Y) | Reason For Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Availability;**Please check the preferred time period(s) that you are available to volunteer

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |

What skills and qualities do you feel you have to offer?

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

References: List two people other than relatives who would be willing to serve as personal references.

Name Telephone Number

Street Address City Province Postal Code

E-mail Address

Name Telephone Number

Street Address City Province Postal Code

E-mail Address

**Emergency Contact**: In the event of an emergency, please list the person you would want notified.

Name Relationship

Home Telephone Number Business Telephone Number Cellular Phone Number

**Statement of Understanding**:

I certify that all information is true and has been given voluntarily.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Parental Signature: Date:**