



Ridge Meadows Hospice Thrift Store

Volunteer Application Form

Completion of this form does not guarantee placement

Personal Information

Mr. Ms. Mrs. Miss Other Preferred First Name: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: home: _____ cell: _____ email: _____

Age Group: Under 19 19-25 26-40 41-60 Over 60 DOB: Month ____ Day: ____

Interests

Why are you interested in volunteering for us? _____

What times and day(s) are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:15am -1 pm							
1pm- 4:45pm							

Would the times be regular or would they change frequently? Regular Change

If irregular hours are needed, please explain: _____

Abilities/Skills

List any hobbies/interest/experience: _____

Are you presently volunteering? No Yes If yes, where: _____ How long: _____



Ridge Meadows Hospice Thrift Store

What area(s) of the store operations are you interested in:

- sorting/accepting donations pricing clothing pricing hard-stock cashier electronics
 merchandising linens/sewing media events Vintage Boutique books

References

Please provide two references (not relatives) that have known you for at least 6 months; one personal and one business or volunteer based. *(Please inform your references they will be contacted).*

Name: _____ Phone number: _____

Personal Relation to You: _____

Name: _____ Phone number: _____

Business/Volunteer Relation to You: _____

Emergency Contact:

Name: _____ Relation to you: _____

Cell number: _____ Work/home number: _____

Parent/Legal Guardian Consent: (applicants under 19 years of age)

I, _____, (Print You Name) grant my child, _____ (Child's Name) permission to participate in the Volunteer Program at Ridge Meadows Hospice Society Thrift Store.

Signature of Parent/Guardian: _____ Date: _____

I _____ (Print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Ridge Meadows Hospice Society, may be cause for immediate termination. I understand that a Criminal Record Check is required for all positions. I authorize Ridge Meadows Hospice Society to contact the references listed and give permission to these references to speak in regards to their knowledge of me in respect to this application.

Signature: _____ Date: _____