



# 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 Your 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: \_\_\_\_\_