

# Charity's Closet Volunteer Enrollment Form

*Please Print*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ (Street) ZIPCODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE#: \_\_\_\_\_  
(home) (work) (cell)

## EMERGENCY CONTACT

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

PHONE #'s: \_\_\_\_\_  
(home) (work) (cell)

## PREFERENCES: (MARK YOUR CHOICES 1., 2., 3., etc.)

\_\_\_ Pricing      \_\_\_ Accept/Sort Donations      \_\_\_ Floor Personnel  
\_\_\_ Subbing      \_\_\_ Other \_\_\_\_\_

## AVAILABILITY: ( MARK YOUR CHOICES 1., 2., or 3., etc.)

### 1. At what times are you interested in volunteering?

*(Shop hours are Tuesday – Saturday; 10 a.m. – 4 p.m., and Sunday; 12 noon - 4 p.m.)  
Monday is for sorting and restocking onl; although donations are accepted..*

\_\_\_ All day      \_\_\_ ½ Day AM      \_\_\_ ½ Day PM  
(9:30 a.m.- 1 p.m.)      (12:30-4:30 p.m.)  
\_\_\_ once a week      \_\_\_ 2 times a month      \_\_\_ once a month

Which week(s) of the month are best for you? \_\_\_\_\_

Day(s) available; (MARK YOUR CHOICES 1, 2, 3, etc.)

Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_ Mon. \_\_\_

Can you work one Saturday a month?      \_\_\_ Yes      \_\_\_ No

2. When are you available to begin volunteering? \_\_\_\_\_

3. Do you have any physical limitations, or are you under any course of treatment that might limit your ability to perform certain types of work? If yes, please explain and let us know how we can better accommodate you.

\_\_\_ NO      \_\_\_ YES \_\_\_\_\_