

VOLUNTEER REGISTRATION FORM

Last Name First Name Middle Initial Birthdate (Month/Day/Year)

Street Address City State Zip Code

() _____ () _____ _____
Home Number Cell Number Email Address

_____ AD Spouse _____ Retired Spouse _____ AD Rank _____
Branch _____

_____ AD Dependent _____ DOD employee

Emergency Contact (Name, rank, duty phone if applicable)

Hobbies, Activities, Clubs, Interests

Previous experience in Thrift shop or retail _____ Yes Where? _____ _____ No

DAYS AVAILABLE

_____ MONDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____ SATURDAY (1ST & 3RD)

HOURS AVAILABLE

_____ 10 am-3 pm _____ 10 am – 12noon _____ 12 noon-2 pm _____ 2 pm-4 pm Other _____

POSITIONS AVAILABLE: CHECK ALL THAT APPLY

_____ FLOOR PERSON _____ DONATION ROOM _____ CONSIGNMENT DESK
_____ CASHIER _____ TAGGING TABLE _____ DATA ENTRY/TYPIST

Thrift Shop hours: Monday, Wednesday, Thursday and the 1st and 3rd Saturdays of each month
10:00 am to 3:00 pm