



THRIFT STORE & SPECIAL EVENTS Volunteer Application Form

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Work/Cell #: _____ Email: _____

Emergency Contact Name & Phone No: _____

Due to the nature of our operations, all volunteers shall be 15 years of age to assist in our store. Are you 15 years or older? Yes No

THRIFT STORE: Please indicate which area(s) you are interested in

- Floor Staff & Cash Desk Assistants - assisting customers, general maintenance of store
- Clothing – sorting, cleaning, ironing, pricing
- General Merchandise – sorting, cleaning, pricing
- Donation Receiving – sorting, loading and unloading
- Electronics – sorting, cleaning, repairing, pricing
- Books – sorting, pricing
- Cashiering
- Miscellaneous tasks
- Building and Ground Maintenance

Crossroads Hospice THRIFT STORE work is physically demanding. Are you able to meet this requirement: Yes No

AVAILABILITY: On the schedule below, please indicate when you are available to volunteer. If shift times don't fit into your schedule, please indicate your available day and time in the *Applicant's note.

STORE SHIFTS	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM	9:00 am to 1:00 pm <input type="checkbox"/>	9:00 am to 12:45 pm <input type="checkbox"/>	9:00 am to 12:45 pm <input type="checkbox"/>	9:00 am to 12:45 pm <input type="checkbox"/>	9:00 am to 12:45 pm <input type="checkbox"/>	9:00 am to 12:45 pm <input type="checkbox"/>	10:45 am to 3:00 pm <input type="checkbox"/>
AFT	closed	12:45 pm to 4:30 pm <input type="checkbox"/>	12:45 pm to 4:30 pm <input type="checkbox"/>	12:45 pm to 4:30 pm <input type="checkbox"/>	12:45 pm to 4:30 pm <input type="checkbox"/>	12:45 pm to 4:30 pm <input type="checkbox"/>	<input type="checkbox"/>
PM	closed	closed	closed	3:30 pm to 7:00 pm <input type="checkbox"/>	closed	closed	closed

*Applicant's note: _____

****We ask for a minimum commitment of six months of one to two- 4 hour shifts per week****

SPECIAL EVENTS & OFFICE ASSISTANCE - Please indicate which area(s) you are interested in

- | | | |
|--|---|--|
| <input type="checkbox"/> Pre-Event Planning | <input type="checkbox"/> Prize Solicitation | <input type="checkbox"/> Hike for Hospice |
| <input type="checkbox"/> Décor Set Up/ Take-Down | <input type="checkbox"/> Publicity | <input type="checkbox"/> Treasures of Christmas Gala |
| <input type="checkbox"/> Guest Registration | <input type="checkbox"/> Community Booths | <input type="checkbox"/> Arms Pub Meat Draw |
| <input type="checkbox"/> Phoning | <input type="checkbox"/> Mailing | <input type="checkbox"/> Preparing Power Point Presentations |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Poster Distribution in Community |

DATE RECEIVED BY Crossroads Hospice Society: _____

SKILLS & INTERESTS

Briefly describe your work background: _____

SKILLS & INTERESTS

Occupation (if retired, please list former occupation) _____

Please list some of your hobbies, skills and interests

Please describe any previous volunteer experience

Please describe any previous volunteer experience or employment with Crossroads Hospice Society

Why do you want to volunteer with Crossroads Hospice THRIFT STORE?

REFERENCES: Please provide two references (not including family members):

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Please read the following carefully before signing this application: By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement, or if I am a volunteer for Crossroads Hospice Society, may be cause for immediate termination. I understand that a Criminal Record Check will be required for some positions. I authorize Crossroads Hospice Society to contact the references listed and give permission to these references to release all relevant information requested.

I also understand that by signing this volunteer application form, Crossroads Hospice Society will keep a record of my personal information on site and that it will remain confidential to Crossroads Hospice Society. I understand that this information may be disclosed to any party with legal and proper interest, and I release Crossroads Hospice Society from any liability whatsoever for supplying such information.

Signed _____ Dated: _____

Fax, Drop-Off, Email or Mail Your Volunteer Application or Contact Us for More Information

FOR OFFICE USE ONLY:

Interviewed by: _____
CRC received: _____
Volunteer Agreement received: _____
Data entry by _____

Crossroads Hospice Society
Mailing Address: Suite # 504 34A-2755 Lougheed Hwy
Port Coquitlam, BC V3B 5Y9
Tel: 604-945-0606 • Fax: 604-945-9071
info@crossroadshospice.org
www.crossroadshospicesociety.com

Thank you for applying to volunteer with Crossroads Hospice Society