



**Thrive**  
Community Support Circle  
204.772.9091



## Thrift Shop Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

At these numbers \_\_\_\_\_ or: \_\_\_\_\_

Age Category:     18 and older     16-17     12-15     Under 12

What volunteer positions are you interested in?

Cashier

Pricer

Sorter

Is there any specialized work you would like to do for us? *(For example, in the past volunteers have facilitated programs and workshops, been drivers for errands and pickups, knitted layettes, tested electronics in the thrift shop, helped with administration, and helped with repair and maintenance).* If so, please describe:

\_\_\_\_\_

How did you hear about the volunteer opportunities at Thrive Community Support Circle? \_\_\_\_\_

\_\_\_\_\_

Will you require parking? Yes  No  License Plate#: \_\_\_\_\_

Previous Related Experience: \_\_\_\_\_

Relevant Skills/Training/Education: \_\_\_\_\_

Languages other than English: \_\_\_\_\_  Speak     Write     Read

How often are you able to volunteer?  Once a week     Twice a week

Twice a month     Other: \_\_\_\_\_

When are you available to volunteer? (Please check the dates and times you are available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

Do you have any health, safety, or legal concerns that you wish to be taken into consideration before your volunteer placement?

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Will you need forms signed for any kind of program (School Program, E.I.A. Benefit, Fine Options, etc.)? If yes, which one?

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How many shifts or hours does your program require, and what is the deadline for completion (if applicable)?

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As a matter of procedure, Thrive screens all prospective volunteers. Are you willing to provide us with a Criminal Record Check and/or Child Abuse Registry Check, and/or to complete a Disclosure Statement listing all offenses and charges, if requested? Yes  No

Are there any convictions or charges you wish to disclose before moving forward?

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*(The existence of a criminal record will not prevent a person from volunteering. A decision will be made based on the recency of the offenses and their relevancy to the position)*

Please list at least 2 references (references can be professional or personal, but should not be family members), and provide their phone numbers.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant permission for Thrive Community Support Circle to contact any or all the above references. I understand that references are confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

