

# Thrift Store Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Brith: \_\_\_\_\_  
 Emergency Contact Name & Phone No: \_\_\_\_\_

Due to the nature of our operations, all volunteers must be at least 16 years of age to assist in our store. Are you 16 years or older?  Yes  No

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

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

- Cashiering
- Floor Staff & Cash Desk Assistants – assisting customers, keeping the store clean and tidy, restocking the store front inventory
- Clothing – sorting, pricing
- Linen – sorting, pricing, restocking shelves
- General Merchandise – sorting, cleaning, pricing
- Donation Receiving – sorting, loading, unloading
- Electronics – sorting, cleaning, testing, repairing, pricing
- Books – sorting, pricing, restocking shelves
- Shoes – sorting, pricing, restocking shelves
- Miscellaneous tasks – building and parking lot maintenance, gardening, other

**AVAILABILITY** On the schedule below, please indicate  when you are available to volunteer:

STORE SHIFTS	Mon	Tue	Wed	Thur	Fri	Sat	Sun
9:00 am – 12:30 pm							//////////
10:30 am – 3:00 pm	//////////	//////////	//////////	//////////	//////////	//////////	
12:30 pm – 4:30 pm	//////////						//////////

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

**SKILLS & INTERESTS**

Briefly describe your work background:

\_\_\_\_\_  
 \_\_\_\_\_

Occupation (if retired, please list former occupation):

\_\_\_\_\_  
 \_\_\_\_\_

Please list some of your hobbies, skills and interests:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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Why do you want to volunteer with Crossroads Hospice Thrift Store?

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**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. 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 \_\_\_\_\_ Print Name \_\_\_\_\_ Dated \_\_\_\_\_

**CROSSROADS HOSPICE SOCIETY - SPECIAL EVENTS & OFFICE ASSISTANCE**

Please indicate  if other Society area(s) also interest you:

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

**Drop-Off or Email your Volunteer Application or contact us for more information.**

**FOR OFFICE USE ONLY:**

Received date	_____
Interviewed by	_____
Start date	_____
Data entry by	_____

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**Thank you for applying to volunteer with Crossroads Hospice Society!**