



**PENNY PINCHER THRIFT SHOP
VOLUNTEER APPLICATION FORM**

NAME: _____

ADDRESS: _____ PC: _____

PHONE: _____ CELL: _____ EMAIL: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

Days and hours available to work: indicate AM (8:30-1:00) or PM (1:00-4:00)

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____ Saturday____

Are you available for One Shift a Week ____ Two Shifts a Week ____ Or more ____

Skills that may be used in store: (repairing, cashiering, management.):

Present or Previous Volunteer or work experience:

Languages: Spoken _____ Written _____

Are there any limitations that may affect your volunteer assignment? Yes ____ No ____

If yes, indicate limitations _____

References: (Other than family members, minimum of two (2) required)

1. Name: _____

Address: _____

Phone Number: _____ Relationship: _____

2. Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Please initial the following

- To be a volunteer at the Penny Pincher Thrift Shop, **I must be a member of the LMH Auxiliary and pay a yearly membership fee of Eight dollars (\$8.00)** due annually in December. _____ Uniform Cost \$5.00
- I understand, as a Penny Pincher Volunteer, that **I will not profit financially** from my association with the store and that any items I purchase for my own use **will not be re-sold.** _____
- I understand that a **Criminal Record check** and reference checks are condition of volunteering at the Penny Pincher. _____ Please apply below within 30 days. Failure to do so will result in your membership being revoked.
- Also, I must abide by the following statement of confidentiality for Langley Memorial Hospital Volunteer Services. _____

Langley Hospital Auxiliary Volunteer Confidentiality

I _____ hereby agree to regard all information received in the performance of my volunteer work in this facility as confidential

It is understood that information obtained may be through verbal or written channels, and that **ALL** information shall be treated with the strictest confidence. Such information shall not be discussed with anyone outside **or** inside the facility.

Publicity photos of volunteer staff may be used for publication. Yes___ No___

Date: _____ Signature: _____

Office Use Only

Interviewer: _____ Date Contacted: _____

Reference Checks: _____

Comments: _____

Training Arrangements _____

Starting Date: _____