

VOLUNTEER FORM

Thank you for your interest in volunteering with Calvary Thrift Store team! When you are ready to volunteer; please first summit this application, then we will contact you to discuss your start date and plan for service.

We are a Christian Non-profit organization. As a Christ-centered ministry we are set apart from other thrift stores in the area. Our mission is as follows:

To raise funds to minister and provide spiritual and physical aid to the needy by selling tax-deductible donations received from generous people throughout the community. Through our work at Calvary Thrift Store, we seek to make a positive difference in the lives of community through the love of Jesus Christ.

CONTACT INFORMATION Full Name:		Birthdav: / /		
Address:				
City:				
Email:				
PERSONAL INFORMATION Are you serving volunteer hours for a				
How did you hear about Calvary Thrif	t Store?			
Are you 16 years of age? Yes No*	*If no, an adult must	be present with you while you serve		
If you are under 18 years old, your pa	rent or guardian most fill the Minor	Volunteer Consent Form.		
Emergency Contact Name:	Phone #:			
Have you been arrested due to an off	ense involving theft, child/domestic	/sexual abuse or violence? Yes No		
If yes, explain please				
GENERAL INFORMATION Trade / Profession				
	Star & End Date			
Address	City & State			
Contact Number	Sup	Supervisor		
List any Organizations, Agencies, Chu				
One personal reference that have known	own you for at least 1 year (other the	an family)		
Name	Relationshin	Phone		

SPIRITUAL INFORMATION

What Christian Fellowship / Church do you attend?		How long?	
Do you serve in a volunteer ministry?		How long?	
Pastor or ministry supervisor reference		Phone	
How and when did you come to know the Lord Jesus (Christ as your p	personal Savior?	
Are you satisfied with your relationship with Christ, w	hy or why not?	Yes No	
What are you doing to grow in Christ?			
Do you feel comfortable praying with others Yes I	No		
SKILLS & AVAILABILITY Do you have any health concerns or physical limitation explain:			off? If so, Please
Can you lift up to 50 lbs.? Yes No If not, explain	:		
Describe your talents, skills, hobbies			
Other languages?			
How often would you like to serve? More than o	nce per week	Weekly	Monthly
What day and time frame are ideal for you to serve?			
Mon Tue Wed	Thu	Fri	Sat
Interests Areas of Skill: Receiving & processing donations Cashier (require background check) Customer Service, merchandising & restocking Furniture & Furniture Repair Donations Pick Ups Researching Bay listing & online advertising Coccasional-seasonal event planning Cleaning Electronics		Clothing Shoes Linens Jewelry Crafts Books Toys & Games House ware Art, Pictures & Frames Home Interior Décor & Disp	olays
Signature:	Da	te:	