



SACKS

Hospice Thrift Shoppe of Providence

VOLUNTEER APPLICATION

DATE: _____

NAME: _____ BIRTHDATE: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE HOME: _____ MOBILE: _____

EMAIL ADDRESS: _____

BEST DAYS AND TIMES TO CONTACT YOU: _____

LANGUAGES SPOKEN OR UNDERSTOOD: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

DAYS/HOURS OF AVAILABILITY: _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS?: _____

The COVID-19 Vaccination is a requirement to volunteer.

Please submit a copy of your vaccination card for our records.

VACCINATION RECEIVED DATE/S: _____ & _____ BOOSTER DATE: _____

1. HOW OR WHERE DID YOU HEAR ABOUT VOLUNTEERING AT SACKS HOSPICE THRIFT SHOPPE?

2. WHAT WOULD YOU LIKE US TO KNOW ABOUT YOU, i.e., WHAT SPECIAL SKILLS EXPERIENCES OR TALENTS?

3. IN WHAT CAPACITY WOULD YOU LIKE TO USE YOUR SKILLS?

A. Working on the sales floor as a cashier _____

B. Working in the back room pricing donations _____

C. Office help _____

Do you have any special interest or knowledge in given areas such as jewelry, art, clothing, antiques, etc.?

If so, please indicate any specialties:

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

APPLICANT'S SIGNATURE: _____

Thank you for completing this application and for your interest in volunteering.

Please return to: **Sacks Hospice Thrift Shoppe of Providence**
128 Liberty Street
Petaluma, CA 94952

Any questions please call 707-765-2228 or visit our website:
www.SACKSHOSPICETHRIFT.COM