



Sacks Hospice Thrift Shoppe

VOLUNTEER APPLICATION

DATE: _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

BEST DAYS AND TIMES TO CONTACT YOU: _____

BEST WAY TO CONTACT YOU? PHONE: _____ TEXT _____ EMAIL _____

PRESENT OCCUPATION: _____ PART TIME _____ FULL TIME _____

EDUCATION COMPLETED: _____ DEGREE: _____ MAJOR: _____

LANGUAGES SPOKEN OR UNDERSTOOD: _____

PRIOR OR PRESENT VOLUNTEER EXPERIENCE: _____

HOURS AVAILABLE WEEKLY FOR VOLUNTEER WORK: _____

DAYS OF AVAILABILITY: _____

BRIEF DESCRIPTION OF CURRENT PHYSICAL HEALTH: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

1. HOW/WHERE DID YOU HEAR ABOUT SACKS HOSPICE THRIFT SHOPPE? _____

2. WHAT DO YOU KNOW ABOUT HOSPICE? _____

3. WHY WOULD YOU LIKE TO VOLUNTEER? _____

4. WHAT WOULD YOU LIKE US TO KNOW ABOUT YOU, i.e., WHAT SPECIAL SKILLS, EXPERIENCES AND TALENTS WOULD YOU LIKE TO SHARE? _____

5. IN WHAT CAPACITY WOULD YOU LIKE TO USE YOUR SKILLS FOR SACKS HOSPICE THRIFT SHOPPE?

A. Working on the sales floor as a cashier _____

B. Working in the back room sorting & pricing donations (see staff for more details) _____

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: _____

6. WE WOULD BE PLEASED TO MAIL OUR THRIFT SHOPPE INFORMATION TO YOUR INTERESTED FRIENDS:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

APPLICANT'S SIGNATURE: _____

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN SACKS.

PLEASE RETURN TO: SACKS HOSPICE THRIFT SHOPPE
128 LIBERTY ST.
PETALUMA, CA 94952
(707) 765-2228

ANY QUESTIONS PLEASE CALL OR VISIT OUR WEBSITE: www.SACKSHOSPICETHRIFT.COM

TO BE COMPLETED BY STAFF

STAFF INITIALS _____

INITIAL SCREENING/INTERVIEW: DATE _____