



O.A.T.S Community Thrift Store
Volunteer Application

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____ Birthday: _____
(Year/month/day)

Home Phone: _____ Cell Phone: _____
email address _____

In case of emergency, please call Name: _____ Phone: _____

Please list two references and phone numbers:

Name of reference

#1: _____

Name of reference

#2 _____

On the schedule below, please indicate (A) the times you are available to volunteer. Hours are flexible - please indicate if yours are different.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

We ask for a commitment of 6 months of 1 to 2, 4 hours shifts per week.

When would you be available to start Volunteering? Date: _____

Are you hoping to volunteer with a group? If yes who?(Ie) church group, friends, club,

Please Answer the following questions

What are your past volunteer experiences? Please indicate where and the length of volunteer time.

What has brought you to us and where did you hear about the volunteer openings at the store?

Do you have any special skills or talents that would be an asset to the store? Examples: repairing small appliances, sewing, merchandising, etc

Thank you for application to volunteer with us. We will be in touch to set up an appointment to discuss volunteer opportunities.

Important: Please note we request a recent police background check be done for all of our volunteers.

By signing below this is to certify that I have read and understood the contents of this form

Applicant Signature _____ Date: _____

Please drop off your application at The OATS thrift store 1 Aberdeen St. on weekdays between 10-2 or in the mailbox if we are closed

If you have any questions or concerns please contact [oatsthiftstore@gmail.com](mailto: oatsthiftstore@gmail.com)