



# FIRST BAPTIST THRIFT STORE

## Volunteer Information Form

Name:

DOB:

Address:

Community name:

Phone# (home):

(cell)

Email:

Emergency Contact:

Phone:

Days Available: \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday \_\_\_Saturday

Time preference: 9:00 am – 1:00 pm 1:00 – 6:00 pm

Position(s) desired:

Sorter Floor Boutique Cashier Warehouse

What makes you a great candidate for volunteering at our Thrift Store?

Signature:

Date: