



**FIRST BAPTIST**  
THRIFT STORE

## Volunteer Information Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Dates Available:    M    T    W    T    F    S

Shift (Circle one please):    9:00 a.m. – 1:00 p.m.    1:00 p.m. – 4:30 p.m.    9:00 a.m. – 4:30 p.m.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_

\*By my signature I authorize FBC to conduct a background check to ensure eligibility. Social Security and driver's license numbers are required.