**THE THRIFT SHOP OF BOSTON, INC.**

**Volunteer Application**

**Name:** (Please print)

 (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

 Street: City: Zip:

**Phone:**

 Cell: Home: Email:

Are you 18 years or older? Yes\_\_\_\_ No\_\_\_\_

Reason(s) why you would like to volunteer in this Shop:

What particular skill(s) would you bring to this Shop?

Previous experience(s):

References: (please print)

 Name(s): Contact information:

 1:

 2:

The Thrift Shop is open on Monday – Saturday, from 9:30AM to 5PM.

 What days and times would you like to volunteer?

 First choice: Second Choice:

I would like to volunteer at The Thrift Shop.

I affirm that all the above information provided on this application to be true.

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