

Country Gift & Thrift Shoppe

Mennonite Central Committee Thrift Shop Network

Volunteer Application Form

Name _____ Today's date _____

Home Address _____

_____ Church Affiliation _____

Telephone # (Home) _____ (Work) _____

E-mail or fax contact _____ Birthday _____

Person to contact in case of emergency _____

Relationship to you and phone number _____ (____) _____

Personal or Work References (these should not be family members).

	Name	Telephone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

What skills, interests, hobbies do you bring to the Thrift Shoppe? _____

Preferred position in the Thrift Shoppe (Circle one): Retail area Work area/sorting, pricing

Available days and hours: (Circle)

<u>Mon</u>	<u>Tues</u>	<u>Wednes</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	Start Date: _____
9 - 1	9 - 1	9 - 1	9 - 1	9 - 1	9 - 12	
1 - 5	1 - 5	1 - 5	1 - 5	1 - 5	12 - 4	

How Often? (Circle) Weekly Bi-weekly Monthly Other _____

Are you familiar with the mission and work of Mennonite Central Committee? (Circle one)

Quite familiar Some knowledge Very little knowledge

All MCC Thrift Shop volunteers need to be supportive of the MCC Mission Statement and the Operating Principles of MCC Thrift Shops (on the back of this form).

I have read, understand and can support the Mission Statement of Mennonite Central Committee and Mennonite Central Committee Thrift Shops.

Signature _____ Print name _____

*This form will be kept in a secure file in the Thrift Shoppe. The information will be used only in the event of an emergency and will not be shared with any other person or organization without your permission.