



OAKVILLE AND MILTON HUMANE SOCIETY

VOLUNTEER APPLICATION FOR THE THRIFT STORE

PERSONAL INFORMATION: email: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (res): _____ Phone (cell): _____

May we call you at work? **Yes No** Phone (work): _____

Occupation/Employer(optional): _____

INFORMATION ABOUT VOLUNTEERING:

Are you 18 years of age or older? **Yes No (circle one)**

Are you able to commit to a minimum of one volunteer session per week for at least six months?

What days and times are you available to volunteer? Please be specific:

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-------|-----|------|-----|-------|-----|-----|-----|
| Hours | | | | | | | |

How long do you intend to stay as a volunteer at OMHS? _____

Do you wish to volunteer because you are **required to** (example: Court or school)?

Yes No (circle one)

If yes, please indicate the number of hours needed? _____



Were you referred to us by any individual or organization? **Yes** **No (circle one)**

If yes, please identify the person and/or organization responsible for making the referral:

What position are you applying for: _____

We require a current Vulnerable Persons Police Check. Are you willing to provide one?

Do you have any health concerns or limitations which might impact on your ability to work in a retail setting? If yes, please explain:

Have you had a tetanus booster in the last 10 years? _____

Please elaborate on why you feel that working in a thrift shop would be a good fit for you?

Please check all that apply. I have:

- Retail experience
- Experience working a cash register/computer
- Thrift Store experience
- Display Experience
- Experience working in a team environment

Signature of applicant: _____ Date _____

If you have any questions regarding this application, please contact:

Heather White or Monica Hutchison

Community Outreach and Education Department

Oakville and District Humane Society

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(905) 845-1551 ext 305