

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: Jackie MacKenzie, Volunteer Coordinator Community Outreach and Education Department Oakville and District Humane Society 445 Cornwall Road Oakville, Ontario L6J 7S8 (905) 845-1551 ext 138