



BARKIN' BIN THRIFT STORE VOLUNTEER APPLICATION

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?

Yes No (circle one)

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

	Tues	Wed	Thurs	Fri	Sat
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?

Yes No (circle 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
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