

## BARKIN' BIN THRIFT STORE VOLUNTEER APPLICATION

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Yes  No

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

	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?** (e.g., court or school)

Yes  No

If yes, please indicate the number of hours needed: \_\_\_\_\_

Were you referred to us by any individual or organization?  Yes  No

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

\_\_\_\_\_

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

Yes       No

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

---

---

---

---

Have you had a tetanus booster in the last 10 years?       Yes       No

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:*

**Community Outreach and Education Department**

*Oakville & Milton Humane Society*

*445 Cornwall Road*

*Oakville, Ontario L6J 7S8*

*(905) 845-1551 ext 305*

[coe@omhs.ca](mailto:coe@omhs.ca)