

N2N VOLUNTEER INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

DOB: _____ Special needs/disabilities: _____

EMERGENCY CONTACT: _____ PHONE: _____

We ask that you commit to 3-4 hours per week.

A name tag and/or apron are supplied & required as identification.

There is a minimum of one shift of training. Data Entry, Cashier, and Marker often require more training.

AREAS OF INTEREST

___ DATA ENTRY ___ MARKER ___ TAGGER ___ CLOTHING
___ COUNTER ___ JEWELRY ___ CASHIER ___ DISPLAY

SHIFTS

___ AM: 9:45-1:30

___ PM: 1:00-4:00

___ MON ___ TUES

___ WED ___ THURS

___ THURS EVE: 4:00-7:00

___ FRI ___ SAT

Are you available to substitute other days? _____

Times you know you will be unavailable to work: _____

We will have quarterly training periods & expect volunteers to attend at least 2 of these.

How did you hear about us? _____

If you are under 16, does the volunteer coordinator have authorization for you to volunteer from a parent or guardian? ___

Have you ever been convicted of a crime (excluding traffic violations)? _____

(If Yes) Explain: _____

Volunteer Coordinator Notes: