



THRIFT STORE VOLUNTEER APPLICATION

First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email Address _____

Emergency Contact:

Name _____ Phone Number _____

Medical Information:

Medical Concerns if any _____

Medications if any _____

Membership:

Are you a member of the Burnaby Hospice Society? Yes _____ No _____

Annual Membership fee is \$20.00. Would you like to become a member? Yes _____ No _____

SIGNED _____ **DATE** _____

MISSION STATEMENT

*To provide compassionate care to individuals and families during the end-of-life journey
and to educate the community about dying and bereavement.*

THANK YOU FOR YOUR SUPPORT!

On the schedule below, please indicate (✓) when you are available.

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:30 am - 1:30 pm						
1:00 pm - 5:00 pm						

You can start on _____

AREA(S) YOU ARE INTERESTED IN:

- Cashiering – experience: yes _____ no _____
- Cash Desk Assistants and Floor Staff - Assisting Customers, General Maintenance of Store
- Clothing – Sorting, Cleaning, Ironing, Pricing
- General Merchandise – Sorting, Cleaning, Pricing
- Furniture – Cleaning, Moving, Pricing
- Books – Sorting, Pricing
- Donation Receiving – Sorting, Loading and Unloading
- Disposal of Goods
- Miscellaneous Tasks

Office Use Only

Pre-Orientation Notes: _____

Orientation Date: _____

Orientation Notes: _____

Starting Date: _____ Last Day: _____

Reason for Leaving: _____

Other Notes: _____
