

# FRINGE BENEFITS THRIFT STORE

SHOP 🐾 RECYCLE 🐾 SAVE  
TO HELP ANIMALS

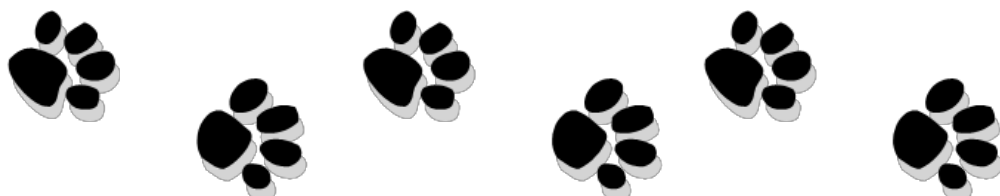
**WELCOME TO OUR VOLUNTEER APPLICATION.**

*Thank you for your interest in volunteering at Fringe Benefits!*

Because of the integrity of our organization we do require that all those interested in volunteering complete and sign a volunteer application. Please return your application to the Fringe Benefits store location that you would like to volunteer at. You will be contacted by management once it is received.

Fringe Benefits has standard operating procedures that we require staff and volunteers to follow. We find this structure helps us to maintain happy customers and a healthy work environment.

We do not have specific shifts that need to be fulfilled. Most of our volunteers work one day a week for a few hours at a time and we are grateful for anytime they have to give!



# FRINGE BENEFITS THRIFT STORE SHOP RECYCLE SAVE TO HELP ANIMALS

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Availability (time, days) \_\_\_\_\_  
\_\_\_\_\_

Are you willing to have an interview with the staff of Fringe Benefits? \_\_\_\_\_

Are you willing to follow a volunteer work schedule? \_\_\_\_\_

Are you willing to participate in volunteer training/orientation? \_\_\_\_\_

Areas and/or positions of interest (cashier, special events, etc.) \_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

Please list special skills/training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other personal/work experience that apply \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT/ VOLUNTEER HISTORY

Are you currently employed /volunteering?\_\_\_\_\_

Please list our work/volunteer history beginning with your current or most recent.

Name of Employer:\_\_\_\_\_

Were you a volunteer or paid staff?\_\_\_\_\_

Name of Supervisor:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip:\_\_\_\_\_

Length of Employment (Include Dates: \_\_\_\_\_

Position & Duties:\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

Name of Employer:\_\_\_\_\_

Were you a volunteer or paid staff?\_\_\_\_\_

Name of Supervisor:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip:\_\_\_\_\_

Length of Employment (Include Dates: \_\_\_\_\_

Position & Duties:\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

Name of Employer:\_\_\_\_\_

Were you a volunteer or paid staff?\_\_\_\_\_

Name of Supervisor:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

Business Type: \_\_\_\_\_

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

City, state, zip:\_\_\_\_\_

Length of Employment (Include Dates: \_\_\_\_\_

Position & Duties:\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

## REFERENCES

*List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.*

*Name - First, Last:* \_\_\_\_\_  
*Telephone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City, state, zip:* \_\_\_\_\_  
*Occupation:* \_\_\_\_\_  
*Number of Years Acquainted:* \_\_\_\_\_

*Name - First, Last:* \_\_\_\_\_  
*Telephone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City, state, zip:* \_\_\_\_\_  
*Occupation:* \_\_\_\_\_  
*Number of Years Acquainted:* \_\_\_\_\_

*Name - First, Last:* \_\_\_\_\_  
*Telephone Number:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*City, state, zip:* \_\_\_\_\_  
*Occupation:* \_\_\_\_\_  
*Number of Years Acquainted:* \_\_\_\_\_

**PLEASE READ THE FOLLOWING PARAGRAPH AND THEN SIGN BELOW.**

*I understand that all volunteer positions are on an as needed basis and can be terminated at any time. I release Fringe Benefits Thrift Store, directors, staff, volunteers and supporters from any liability or claims of injury or illness arising from my participation in a volunteer capacity. I acknowledge that I have thoroughly read and understand the terms and conditions of the above release. I waive legal rights to bring lawsuit against Fringe Benefits Thrift Store, directors, staff, volunteers and supporters.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*If under 18, legal guardian sign here* \_\_\_\_\_ *Date* \_\_\_\_\_  
(minimum age 16 yrs to volunteer)