



Treasures CHARITY THRIFT STORE

12 Levendale Road, Richmond Hill, Ontario L4C 4H2 905-883-5122 treasures.store@gmail.com

VOLUNTEER APPLICATION FORM

PLEASE PRINT AND COMPLETE ALL AREAS OF THE APPLICATION. PLEASE USE BACK OF SHEET IF NECESSARY.

PERSONAL DATA		DATE:
Last Name	First Name	Please circle: Mr. Ms. Mrs.
Street Address	Apt	Date of Birth
City	Prov	Postal Code
Phone (home)	Phone (cell)	
Email	Phone (cell)	
EMERGENCY INFORMATION (Family member,doctor etc.)		
Emergency Contacts:	Name	Relationship
1.		
2.		
Any other pertinent information (allergies, medication, etc.)		
GENERAL:		
How did you hear about job opportunity at Treasures? (Please check all that apply)		
<input type="radio"/> In store	<input type="radio"/> Newspaper	<input type="radio"/> Referred by a Doctor
<input type="radio"/> Friend	<input type="radio"/> Flyer or brochure	<input type="radio"/> Referred by a Hospital
<input type="radio"/> Other (please specify)	<input type="radio"/> Website, blog	<input type="radio"/> Referred by an Agency
		<input type="radio"/> Referred by any other service provider
Have you volunteered at Treasures in the past? <input type="radio"/> NO <input type="radio"/> YES (please give dates) _____		
Why are you interested in volunteering at Treasures? (Please check all that apply)		
<input type="radio"/> Give back to the community	<input type="radio"/> Aid in my mental health recovery	<input type="radio"/> Learn new skills
<input type="radio"/> Support Mental Health Cause	<input type="radio"/> Add regular structure to my day	<input type="radio"/> Apply my present skills
<input type="radio"/> Other (please specify)	<input type="radio"/> Meet new people, socialize	<input type="radio"/> High School Volunteer Hours
	<input type="radio"/> Preparation to re-enter workforce	<input type="radio"/> Student Practicum
BACKGROUND, SKILLS, EXPERIENCE:		
Please describe your educational background. (If currently a student, indicate year of study you are in and where)		
Please list any special courses or training you have taken. (examples: First aid,)		
What are your interests, skills and hobbies? Languages spoken?		
Please describe any previous volunteer or work experience. (When, where and a brief description of duties) or provide current resume		

WAYS IN WHICH YOU WOULD LIKE TO VOLUNTEER AT TREASURES (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Publicity | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Behind the scenes | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Any of the above | <input type="checkbox"/> Other _____ | |

AVAILABILITY: Please indicate volunteer availability below

Please specify if you have a preferred day or time

DAY	MON			TUES			WED			THURS			FRI			SAT		
TIME	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve

Length of volunteer commitment:
 Short term (less than 6 months)
 Long Term (more than 6 months)
 Seasonal (give details)
 Contract
 Other

REFERENCES: Please provide at least two references. If possible include an individual with whom you have been employed, volunteered or gained some type of work experience as well as a friend, family member or social contact.

1.	Name	Relationship
	Address	
	Phone	Email
2.	Name	Relationship
	Address	
	Phone	Email
3.	Name	Relationship
	Address	
	Phone	Email

Treasures Charity Thrift Store is primarily a social support program for adults in mental health recovery. From time to time Treasures receives funding from various sources for which we must provide statistical information about our program. For this reason we respectfully ask that you indicate if you are in mental health recovery. Yes _____ No _____. This information will remain confidential.

I declare, that to the best of my knowledge, the information I have provided is accurate. I understand that the personal information requested on this application is appropriate for the volunteer position for which I am applying and will be kept in confidence. Further, I authorize the verification of the references I have provided.

_____ Date _____
Signature of applicant, parent, guardian or authorized individual

FOR OFFICE USE ONLY

Interviewed by: _____ Position offered Y ___ N ___ Starting Date: _____
Comments: