

**Club Nova Thrift Shop
VOLUNTEER APPLICATION**

NAME: _____

OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____

HOME PHONE: _____ WORK OR OTHER: _____

ARE YOU 17 YEARS OF AGE OR OLDER? _____ (YES OR NO)

IN CASE OF EMERGENCY

CONTACT: _____ PHONE: _____

REASONS FOR VOLUNTEERING:

RELEVANT EXPERIENCE OR EDUCATION: _____

HOURS AVAILABLE: _____

SUPERVISOR COMPLETES THE FOLLOWING INFORMATION

VOLUNTEER POSITION OR DUTIES:

SITE: _____ Club Nova Thrift Shop _____

SCHEDULE OF VOLUNTEER: _____

SUPERVISOR: Camellia Morton, Program Director

THIS WILL CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I HAVE ELECTED TO VOLUNTEER
IN THIS CAPACITY. I HAVE ALSO COMPLETED THE INQUIRY RELEASE FORM FOR A VOLUNTEER.

x _____

VOLUNTEER'S SIGNATURE

SUPERVISOR'S SIGNATURE

DATE

DATE