



1130 Corporate Drive • Auburn, New York 13021-1637 • (315) 255-2733 • www.friendsofhospicecayugacounty.org

FRIENDS OF HOSPICE THRIFT SHOP AND BOUTIQUE

VOLUNTEER APPLICATION

Name: _____

Address: _____

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

Email: _____

Which is the best way to reach you? (please circle)

Home Cell Work Email

Emergency Contact: _____ Phone # _____

Are you at least 15 years of age or older? Yes _____ No _____

Brief employment/volunteering history: _____

How did you hear about the Friends of Hospice Thrift Shop? _____

What interests you about volunteering in the Friends of Hospice Thrift Shop? _____

Has a loved one or friend ever been a patient of Hospice? _____

Would you be willing to give three or four hours per week as a Thrift Shop Volunteer?

(circle) YES NO (Please complete attached volunteer availability)

Signature of Applicant

Date

Thrift Shop Volunteer Availability

Name: _____

Date: _____

Availability:

Days:	Hours:	Hours:
	9:00 am - 1:00 pm	1:00 pm - 5:00 pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Thrift Shop Volunteers:

- _____ Floor Space Design and Display
- _____ Pick-up and Delivery
- _____ Sorting Donations
- _____ Pricing Donations
- _____ Cashier/ Sales Person
- _____ Financial/ Accounting/ Bookkeeping
- _____ Volunteer Coordinator
- _____ Painting/ Repairs of Donations and Fixtures
- _____ Publicity
- _____ Other - Please Specify

I can volunteer:

- _____ Once a week
- _____ More than once a week
- _____ Once a month
- _____ As needed

