



**ANONA THRIFT SHOPPE
12025 INDIAN ROCKS ROAD
VOLUNTEER APPLICATION**

Name: _____ Cell Phone _____
Address _____ Email _____
_____ Driver's License # _____

Emergency contact name and cell phone number _____

Are you a member of Anona United Methodist Church yes () No ()

Best way to contact you Text _____ Call _____ Email _____

Your areas of interests

Sorting new donations ()

Preparing items for placement on sales floor ()

Assisting customers on the sales floor ()

Past experience volunteering in a thrift store Yes () No ()

If you have volunteered at thrift store in the past, where and when

Your preferred day (s) and frequency of volunteering

10:00 to 3:00

Monday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Other _____

Do you have any physical limitations that we need to know about _____

What is your reason for wanting to volunteer at Anona Thrift Shoppe

Reference: Please provide one-character reference:

Name _____

Phone Number _____

Email _____

Signature and date _____

All volunteers must successfully attend an orientation session. Anona Thrift Shoppe has the right to accept and to dismiss any volunteer. Volunteers are not employees of Anona Thrift Shoppe.

BB 1.11.21