

## The Arc Thrift Stores' VOLUNTEER APPLICATION

(All volunteers must be 18 years of age or older.)

10<sup>th</sup> and Beca Street  
Corvallis, Oregon  
754-9011

10<sup>th</sup> and Main Street  
Philomath, Oregon  
929-3946

Name: \_\_\_\_\_  
Last First

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

I would like to help with

\_\_\_\_\_ Phone calls to solicit donations      \_\_\_\_\_ Publicity/social networking on  
\_\_\_\_\_ Minor repairs to donations                      the Internet  
\_\_\_\_\_ Cashiering    \_\_\_\_\_ Sorting/Cleaning/ Displaying  
\_\_\_\_\_ Greeting and Donation assistance at the door

I would be available for \_\_\_\_\_ hours per month, on... (Circle the days you prefer.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Other scheduling information \_\_\_\_\_

When you commit to volunteering for a certain shift, we depend on you. We appreciate that you take your volunteer commitment with The Arc seriously. If you cannot make your shift, please call the store manager as soon as possible.

Applicant Signature \_\_\_\_\_ Today's date \_\_\_\_\_  
[over]

For The Arc's employees and volunteers alike, we keep personal information protected and private.

### Emergency Contact Information

Please print clearly!

Volunteer's Name \_\_\_\_\_  
[Full name]

In the event of an emergency, please contact \_\_\_\_\_  
[Tell the relationship: mother, roommate, husband, doctor, for example.]

\_\_\_\_\_ Phone \_\_\_\_\_  
[Name]

Describe any personal health concerns that we should know about, such as allergies, diabetes, issues with your heart, back, or seizures. We are very concerned about responding appropriately, if you suddenly need our help.

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Everyone who is on regular medication should carry a note with that information with them for safety in an emergency situation.

If you would like to list medications here, you may. Or, you may attach a small, sealed envelope with the information.

Be sure to date and update this information!