

STRATHROY ECONOMY SHOP

VOLUNTEER APPLICATION FORM

For Office Use:

Orientation; Yes No

Start Date:

DOB.

PERSONAL INFORMATION

Last Name: _____ First Name _____ Initial _____

Address _____ City _____ Postal Code _____

Phone: Day _____ Night _____ Best time to call _____

Gender M F Primary Language _____ Other _____ Email _____

EMERGENCY CONTACT INFORMATION:

In case of an emergency, indicate the name, address, and telephone no. of the person we should contact

Name: _____ Relationship _____

Phone number _____ Address: _____

EDUCATION COMPLETED:

High School _____ College _____ University _____

If uncompleted, list the highest level attained: _____

VOLUNTEER EXPERIENCE: Please list 2 most recent(if applicable)

Agency: _____ Time period _____

Contact person: _____

Agency: _____ Time period _____

Contact person: _____

PERSONAL REFERENCE: Please list one person who is not related to you.

Name: _____ Phone Number _____

Do you give your permission for the SES to contact your references: Yes No

If no, please give reason: _____

Area(s) of Interest: Please check all that apply

Pickups ___ Deliveries ___ Sorting ___ Cleaning ___ Tidying Racks/Shelves ___ Store Front Displays

Yard Work ___ Pricing ___

When do you prefer to Volunteer and how long do you want to spend? _____

Do you have any medical conditions that we should be aware of (i.e. lifting, restrictions) _____