



Application for New Volunteer Member

First Name: _____ Last Name _____

Address: _____

Home Tel: _____ Cell: _____

E-Mail: _____

Emergency Contact Name: _____ Tel: _____

References: Please provide us with the contact information of at least one reference from a prior job or volunteer experience. The reference may also be a current volunteer member.

1. Name: _____ Contact # _____

2. Name: _____ Contact # _____

Please indicate which RTS store departments may interest you:

Please tell us about yourself; past employment, volunteer experience, leadership roles, etc.:

Do you have a resale business? ☐ Yes ☐ No

Do you have any special skills or talents? (Examples graphic designer, writer, crafter, web skills, antiquer, etc.)

What days and hours are best for you to volunteer?

<input type="checkbox"/> Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Saturday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Sunday	<input type="checkbox"/> AM	<input type="checkbox"/> PM			

What other places are you a volunteer and in what capacity?

1. Place: _____ Capacity# _____

2. Place: _____ Capacity# _____

I would like to join the Ridgefield Thrift Shop. I am volunteering without promise or expectation of any compensation.

Signature of prospective volunteer: _____ Date: _____

Please return to the Attn: Annette Robertson at the address below and she will be in-touch with you or email info@ridgefieldthriftshop.com

Ridgefield Thrift Shop, 21B Governor Street, Ridgefield, CT 06877
www.RidgefieldThriftShop.com