



VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Phone _____ Email: _____

Home Mobile

[If you are a student: High School___ College___

School Name and Location _____

Please provide your school's required Community Service verification form when you begin volunteering.]

Do you have any retail experience? Yes__ No__ Benefit or Thrift Store experience? Yes__ No__

If yes to either, where/when? _____

Interests or hobbies? _____

If not a member of CCMP, please provide references (business or personal):

Name & Address _____

Phone _____ Please check one: Business ___ Personal ___

Name & Address _____

Phone _____ Please check one: Business ___ Personal ___

PREFERRED DAYS AND TIMES (PLEASE MARK ALL THAT APPLY):

WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
11:45 AM – 4:15 PM	11:45 AM – 4:15 PM	11:45 AM – 4:15 PM	11:45 AM – 4:15 PM

FREQUENCY: Would you like to work (mark one): ONCE A WEEK ___ ONCE A MONTH ___

If you cannot schedule a regular shift, could you be on call as a substitute? Yes ___ No ___

Would you like to work at other times or days than listed above, as part of a sorting room crew?

If so, what days/times are good for you? _____

For future planning: If we are able to expand our Saturday hours in the future, would you be interested in either of these shifts? (mark either or both): 9:45 AM – 12:45 PM ___ 12:45 PM – 4:15 PM ___

Thank you very much for your interest! We will be in touch with you soon!

Return this form during store hours or mail to
 Givingtree Benefit Shop
 c/o Community Church of the Monterey Peninsula
 P.O. Box 222811, Carmel, CA 93922