



# Outfitters, Inc.

## Volunteer Application Form

Please Print all Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Birthdate (yr optional) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_ What languages? \_\_\_\_\_

### What volunteer areas interest you? Check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> General Office Work          | <input type="checkbox"/> Coordinate or help with clothing drives |
| <input type="checkbox"/> Sort & Restock Clothing      | <input type="checkbox"/> Collect clothing at drop-off sites      |
| <input type="checkbox"/> Launder Clothing             | <input type="checkbox"/> Ironing / Steaming                      |
| <input type="checkbox"/> Assist clients with shopping | <input type="checkbox"/> Special Events                          |
| <input type="checkbox"/> Computer / Data entry        | <input type="checkbox"/> Grant Research and/or Writing           |
| <input type="checkbox"/> Shop for clothing bargains   | <input type="checkbox"/> Cleaning                                |
| <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> Odd ("fix-it") jobs                     |

Other \_\_\_\_\_

### When are you available to volunteer?

|            | Mon   | Tues  | Wed   | Thurs | Fri   | Sat   |
|------------|-------|-------|-------|-------|-------|-------|
| Mornings   | _____ | _____ | _____ | _____ | _____ | _____ |
| Afternoons | _____ | _____ | _____ | _____ | _____ | _____ |
| Evenings   | _____ | _____ | _____ | _____ | _____ | _____ |

### How often are you willing to volunteer?

\_\_\_\_\_ days per week      \_\_\_\_\_ days per month      \_\_\_\_\_ hours per day

Short notice \_\_\_\_\_      When ever needed \_\_\_\_\_

## VOLUNTEER ACKNOWLEDGEMENT

- I agree to give Outfitters permission to inquire into my references and to conduct a background screening check.
- I agree to maintain CONFIDENTIALITY of clients' information.
- I understand that I may not remove any merchandise from Outfitters
- I give permission for volunteer pictures of me to be used in Outfitters publications and website.
- I understand that Outfitters does not maintain workers' compensation insurance coverage for the benefit of its volunteers.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature if under 18

\_\_\_\_\_  
Date

**Please list an individual we may contact if an emergency arises while you are volunteering:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

**Please list two references:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone