

THRIFT SHOP VOLUNTEER APPLICATION

VOLUNTEERS MUST BE 16 YEARS OR OLDER DUE TO INSURANCE REASONS

Name: _____ Birth Date: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Driver's License # _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relation to you? _____

OTHER VOLUNTEER EXPERIENCE: (If Applicable)

Organization: _____ Supervisor: _____

Address: _____ Phone: _____

Your Duties: _____ Dates: _____

MINIATURE SURVEY:

Do you have any allergies or other physical or mental limitations that may require accommodations or may restrict the volunteer program? If yes, please explain your limitation and if you require accommodations: ** See page 3

Please describe any special talents, skills, training, hobbies or interests that you have that might benefit JSAC. (Example: Computer skills, art, fundraising, writing, animal training, video editing, photography, etc)

1. How do you characterize yourself? Circle all that apply

Happy	Shy	Outgoing	Busy	Easy-Going
Easily Annoyed	People Person	Animal Person	Leader	
Follower	Emotional	Anxious	Calm	Peaceful

2. What do you expect to get out of volunteering here?

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3. Is there anything that you will absolutely not do here?

4. How long do you plan on volunteering here?

For each of the following question below, mark on the ruler where you feel you fit in on the spectrum of the two options. The closer you make a mark on either option indicates that you feel that option closely describes you. There is no right or wrong answer to any of these questions. We are simply trying to be a better sense of your personality to help you assess if our volunteer program is right for you.

1. If I had to choose, I would prefer to work at a:

Quiet/ Slow Shop | | | | | Busy/Fast Shop

2. I am:

Disorganized | | | | | Organized

3. When I don't know how to do something I:

Get Frustrated | | | | | Fake It until I Make It

4. I want to volunteer to:

Relax | | | | | Keep busy

5. If a volunteer or staff member told me I was doing something incorrectly I would be:

Thankful | | | | | Offended

6. I am _____% committed to dedicating some of my free time **every week** to a scheduled volunteer program:

0% | | | | | 100%

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest")

Excluding minor traffic violations. Yes _____ No _____

If yes, please explain:

Jersey Shore Animal Center

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The volunteers of the JSAC Thrift Shop commit to a schedule much like a staff member would to a job. The staff rely on volunteers to uphold their commitment on the day(s) they select.

Please check the day(s) and times you are committed to volunteering:

Every volunteer is required to donate at least one day a week.

Shift Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am - 1pm							
1pm - 4pm							
2pm - 5pm							

Thank you for your interest in volunteering at the Jersey Shore Animal Center. Once you have filled out the above application, please fax/mail or drop it off at the Thrift Shop. ALL new volunteers are required to meet with the Thrift Shop Manager before starting to volunteer. We have a few requirements that must be followed:

- Due to the high volume of volunteers that apply each day, your services may not be needed at the moment. If that is the case, we will hold onto the application for 60 days in case a position become available.
- Must volunteer a minimum of one day per week.
- Work on a schedule that is chosen and worked out by you and the Thrift Shop Manager.
- Understand that if you fail to show for your shifts for over a month, without calling out, you will be terminated as a volunteer.
- *Under new policy, with the growth of the volunteer program and fact that volunteers work with animals and people, all volunteers will be asked to complete and pay for a background check. This fee will not be refunded in the event that you do not volunteer at the Jersey Shore Animal Center. All information will be considered confidential. Applicant will need to fill out the "Authorization for Volunteer Background Check" sheet as well.*
- ****At the discretion of the Volunteer Coordinator and Project Director we may request a doctor's note regarding the limitation and we reserve the right to limit the volunteer activity for the safety of all involved at any time during the hours here.**

"I give permission to the Jersey Shore Animal Center to verify any/all information given."

Please initial: _____

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By signing, I acknowledge I have read and understood the entire application.

Signature _____ Date: _____

Please send app to 185 Brick Blvd, Brick NJ 08723, ATTN: Thrift Shop or Fax (732) 920-3706

*The Jersey Shore Animal Center reserves the right to refuse and/or terminate **any** volunteer for **any** reason.*

Authorization for Volunteer Background Check

By signing below, I hereby authorize _____ and/or any company directed by the above organization to complete a Background Check on me for the purpose of Volunteering for this organization. This background check can include, but is not limited to, a social security trace, criminal history searches, including criminal conviction records as permitted by law, driving history and license verification. I further understand and agree that these reports may be obtained at any time and any number of times as this organization in its sole discretion determines is necessary before, during and after my volunteer services.

I also hereby authorize all agencies to release any and all information requested by Adam Safeguard and their agencies on behalf of this volunteer organization. I further Release this volunteer organization, Adam Safeguard and their agencies, employees, successors and assigns and all other parties involved in this background check from any claims or actions for any liability whatsoever related to the process of this Volunteer Background check.

Applicant's Name: _____
Last First Middle Suffix

Alias/Maiden Name (if any): _____

Address: _____

Phone #: _____ E-mail Address: _____

Social Security #: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

SIGNATURE DATE