



LAKEFIELD ANIMAL WELFARE SOCIETY

2887 Lakefield Highway, P. O. Box 9, Lakefield ON K0L 2H0

(705) 652-0588 info@lakefieldanimalwelfare.org

THRIFT STORE VOLUNTEER APPLICATION

APPLICANT INFORMATION

NAME (FIRST & LAST):

HOME PHONE:

ADDRESS:

MOBILE PHONE:

CITY:

E-MAIL:

PROVINCE:

POSTAL CODE:

BIRTHDAY (MM/DD/YYYY):

Occupation: _____

Special Training Courses & Skills: _____

Volunteer Experience: _____

Retail Experience: _____

Experience handling cash? YES
 NO

Are you willing to work one 3 hr Saturday shift once per month? YES
 NO

Many organizations require a police check, would you consent to this? YES
 NO

Do you have any restrictions that may affect your ability to do volunteer work (such as allergies, recent illness)? Please describe: _____

In case of Emergency Notify: _____ Phone: _____

I recognize that as a volunteer, it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies the same as would be required as an employee.

Signature: _____ Date: _____