



## Bargains & Blessings Volunteer Application

Return completed application to: **Bargains & Blessings Resale Shop**

301 North Main Street, Wildwood, FL, 34785 (or)

New Covenant United Methodist Church

3470 Woodridge Dr, The Villages, FL 32162

Bargains & Blessings Resale Store (B&B), an Outreach Ministry of New Covenant United Methodist Church (NCUMC), originated from the church's vision — "To be a thriving body of Christ by being His hands, feet, and voice in the world" — and to assist in making life better for those in need in the surrounding community.

B&B was established to provide low-cost clothing, furniture, appliances, and household goods to those in need, and to use the profits to support other ministries of New Covenant. All of this is made possible from charitable contributions of these items from the community and by volunteers who are willing to support this Christian work with their service.

B&B volunteers work in the store and annex dealing with customers, in intake (apparel, goods, and linens processing donations), and in coordinating the processes and procedures to schedule and support 300+ volunteers.

### *The types of Volunteer Positions to consider include:*

Apparel/Goods/Linens — Annex/Store — Cashier/Floor — Pickup/Delivery (Driver/Helper/Scheduler)

#### PLEASE PRINT:

|            |            |                          |           |
|------------|------------|--------------------------|-----------|
| Last Name  |            | First Name               |           |
| Address    |            | City                     | State ZIP |
| Home Phone | Cell Phone | Email Address (Required) |           |

#### EMERGENCY CONTACT:

|                                                                                                                                                |                  |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|
| Name (Required)                                                                                                                                | Phone (Required) | Relationship    |
| AED Trained? <input type="checkbox"/> No <input type="checkbox"/> Yes    CPR Trained? <input type="checkbox"/> No <input type="checkbox"/> Yes |                  |                 |
| Applicant Signature (Required)                                                                                                                 |                  | Date (Required) |

ANY Physical Limitations? ☐ No ☐ Yes    If yes, please specify: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                              |                              |                              |                              |                               |                               |                              |                               |                              |                              |                              |                                                                                                                                                                        |
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| <b>AREAS OF INTEREST</b> (Check All That Apply)<br><input type="checkbox"/> Store / <input type="checkbox"/> Annex<br><input type="checkbox"/> Apparel / <input type="checkbox"/> Goods / <input type="checkbox"/> Linens<br><input type="checkbox"/> Cashier / <input type="checkbox"/> Floor<br><input type="checkbox"/> Sub Only (Define) _____<br><b>Pickup/Deliver</b><br><input type="checkbox"/> Driver / <input type="checkbox"/> Helper / <input type="checkbox"/> Scheduler<br><input type="checkbox"/> Other (Define) _____ | <b>SEASONAL RESIDENT?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes<br><b>IF YES, MONTHS AVAILABLE</b><br><table><tr><td><input type="checkbox"/> Jan</td><td><input type="checkbox"/> Feb</td><td><input type="checkbox"/> Mar</td></tr><tr><td><input type="checkbox"/> Apr</td><td><input type="checkbox"/> May</td><td><input type="checkbox"/> June</td></tr><tr><td><input type="checkbox"/> July</td><td><input type="checkbox"/> Aug</td><td><input type="checkbox"/> Sept</td></tr><tr><td><input type="checkbox"/> Oct</td><td><input type="checkbox"/> Nov</td><td><input type="checkbox"/> Dec</td></tr></table> | <input type="checkbox"/> Jan  | <input type="checkbox"/> Feb | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> Aug | <input type="checkbox"/> Sept | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec | <b>FOR OFFICE USE</b><br>Contact Date _____<br>Assignment _____<br>Dept _____<br>Position _____<br>Weeks _____<br>Shift _____<br>Start Date _____<br>Arena Entry _____ |
| <input type="checkbox"/> Jan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Feb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Mar  |                              |                              |                              |                              |                               |                               |                              |                               |                              |                              |                              |                                                                                                                                                                        |
| <input type="checkbox"/> Apr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> May                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> June |                              |                              |                              |                              |                               |                               |                              |                               |                              |                              |                              |                                                                                                                                                                        |
| <input type="checkbox"/> July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Aug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Sept |                              |                              |                              |                              |                               |                               |                              |                               |                              |                              |                              |                                                                                                                                                                        |
| <input type="checkbox"/> Oct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Nov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Dec  |                              |                              |                              |                              |                               |                               |                              |                               |                              |                              |                              |                                                                                                                                                                        |
| <b>DAYS AVAILABLE</b><br><input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat                                                                                                                                                                                                                                                                                                                                 | <b>SHIFTS AVAILABLE</b><br><input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                              |                              |                              |                              |                               |                               |                              |                               |                              |                              |                              |                                                                                                                                                                        |