

St. Vincent de Paul Thrift Store

Volunteer Application

Name: _____

Address: _____

C/S/Z: _____

Cell: _____ Email: _____

SVDP Conference: _____

Please indicate the hours you are willing to work.

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday _____ Saturday

Hours per day _____ # Hours per week _____

Areas of Interest (Check as many as you like)

<input type="checkbox"/>	Hanging clothes	<input type="checkbox"/>	Pricing products
<input type="checkbox"/>	Jewelry cleaning, pricing & displays	<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Stocking shelves	<input type="checkbox"/>	Merchandising & displays

Other Interests (Please Specify) _____

St. Vincent de Paul Thrift Store
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