



Thrift Store Volunteer Application

Thank you for joining us in ministry at West End Thrift Store. This application is to be fully completed by all volunteers. It is used to help West End Thrift Store provide a safe and secure environment for those who participate in our ministries and use our facilities.

The information on this application will remain confidential.

PERSONAL INFORMATION

Date _____

Full Name _____
 First Middle Last

Maiden Name _____ Other Name(s) used in the last 7 years _____

Present Home Address _____

City _____ State _____ Zip _____

County of residence _____ Are you 18 years of age or older? ___ Yes ___ No

Home Phone () _____ Cell Phone () _____

Date of Birth: _____ **Email:** _____ @ _____
 MM/DD/YR

DEPARTMENT INFORMATION:

Please let us know all the areas or departments in which you would like to serve by circling from the selection below. We cannot guarantee you will be assigned to your favorite or preferred area to work, but please let us know specifically what you do or would like to do in that area on the line below:

- Women's Clothing Men's Clothing Children's Toys Children's Clothing
Books/CDs/DVDs Linens Electronics Seasonal
Furniture Glassware/Household Stocking Backroom Loading Dock
Check out and Cash Wrap Furniture Repair Pick ups Other _____

Do you have expertise in any area such as collectables, antiques, or high-end clothing/jewelery/accessories/furniture?

Do you attend WEAG? _____ If so, for how long?

Are you a member of WEAG? _____ How long? _____

Please list two non-family references

1. _____
name phone relationship
2. _____
name phone relationship

If you are not a part of the WEAG family, do you have a home church? If so, where do you attend?

<u>Church Name</u>	<u>Address</u>	<u>Member?</u>
_____	_____	_____

What do you consider to be your skills, talents, or spiritual gifts- please list previous church or volunteer work:

<u>Organization/Church Name</u>	<u>Position</u>	<u>How long did you serve</u>
_____	_____	_____
_____	_____	_____

CONFIDENTIAL INFORMATION:

NOTE: *If you prefer, you may leave the next 2 questions blank and schedule an appointment to discuss your responses with Matt Stanton, Store Manager or Cindy Johnson, Mission Director rather than answering on this form. However, please remember that your application will be in a secure location and your responses will be kept confidential. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant.*

Have you ever been convicted of, or pleaded guilty or no contest to a crime other than a minor traffic violation?

No _____

Yes _____

If yes, please describe, including the disposition of your case:

Are you presently under charges of any criminal offense?

No _____

Yes _____

If yes, please describe:

APPLICANT'S STATEMENT:

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the West End Thrift Store policies and follow all handbook guidelines. I sign this release as my own free act.

Applicant's Signature: _____ Date _____

Manger's Review Signature _____ Date _____

WEST END THRIFT STORE

Affidavit for Release of Information

It is our desire to provide each of our volunteers, managers and customers with the safest environment possible. Thoroughly screening workers helps to ward off potential problems. A requirement of our liability insurance company is for us to have a criminal background check on anyone handling money. Thank you for cooperating with our attempt to be responsible and accountable for the resources provided through West End Thrift sales.

I hereby give consent and authorize West End Thrift Store to search the files of the Central Criminal Records Exchange for any criminal history record. I understand this information will be considered confidential and West End Thrift Store will not further disseminate the information received, except as provided by law.

Print Full Name	Last	First	Middle

Maiden Name	Other Names Used		
_____	_____		
Home address	City	State	Zip Code
_____	_____	_____	_____
E-Mail	Phone		
_____	_____		
____ Social Security Number	Date of Birth	Marital Status	
_____	_____	_____	
Signature	Today's date		
_____	_____		

Please return your application to:
West End Thrift Store
7219 W. Broad Street
Henrico, VA 23294
804 709 1621

Attn: Matthew Stanton, Store Manager