

# encore Thrift Store

9446 McLaughlin Rd. N.,  
Unit 2, Brampton, ON  
L6X 4H9  
905-497-2765

[www.encorethriftstore.ca](http://www.encorethriftstore.ca)

## Volunteer Application Form

Please complete and return to the volunteer coordinator by email at [encorebramptonvolunteer@gmail.com](mailto:encorebramptonvolunteer@gmail.com) or drop it off at the store.

Date: \_\_\_\_\_

### Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Emergency Contact - Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous volunteer or work force experience: \_\_\_\_\_

### Volunteer Options:

1. What job(s) would you be interested in assisting with? (Check all that apply)

<input type="checkbox"/>	Where needed	<input type="checkbox"/>	Sorting of donations	<input type="checkbox"/>	Pricing
<input type="checkbox"/>	Ironing	<input type="checkbox"/>	Linens	<input type="checkbox"/>	Clothing
<input type="checkbox"/>	Shoes/Purses	<input type="checkbox"/>	Books/Media	<input type="checkbox"/>	Housewares
<input type="checkbox"/>	Jewellery	<input type="checkbox"/>	Cashier	<input type="checkbox"/>	Electronics
<input type="checkbox"/>	Testing	<input type="checkbox"/>	Small Repairs	<input type="checkbox"/>	Recycling
<input type="checkbox"/>	Boutique	<input type="checkbox"/>	Silent Auction	<input type="checkbox"/>	Window Display
<input type="checkbox"/>	Administration	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Pick up & Delivery

2. When are you able to volunteer? (Check all that apply)

**Mon-Fri AM shift: 9:30 am - 1:15 pm**

**Mon-Fri PM shift: 1:00 pm - 5:15 pm**

**Saturday AM shift: 9:30 am - 1:00 pm**

**Saturday PM shift: 12:45 pm - 4:15 pm**

Monday AM     Monday PM

Tuesday AM     Tuesday PM

Tuesday evening sorting (7-9pm)

Wednesday PM     Wednesday PM

Thursday AM     Thursday PM

Friday AM     Friday PM

Saturday AM     Saturday PM

3. Do you have any health concerns that we should be aware of? \_\_\_\_\_

Are you able to do some lifting? \_\_\_\_\_

4. Do you have any current first Aid/CPR Training? \_\_\_\_\_

5. We thank you for your willingness to serve at Encore Thrift Store. We rely on our donations, but more importantly, on our *Volunteers*. **If you cannot make your committed shift, please call the Shift Leader of the day.** If you repeatedly miss your shift, your name will be removed from the Volunteer List. All new Volunteers will be on a probationary period of three months, at which time there will be an opportunity for feedback from both you and Encore.

6. **References:** Please provide two NON-family references.

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the references may be contacted.

I understand that my email address will be used for Encore purposes only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_