



9446 McLaughlin Rd. N., Unit 2,  
 Brampton, ON L6X 4H9  
 905-497-2765  
[www.encorethriftstore.ca](http://www.encorethriftstore.ca)

### Student 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 # \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Do you have work or volunteer experience? Yes No

Where? \_\_\_\_\_

Are these hours for high school service hours? \_\_\_\_\_

How many do you need? \_\_\_\_\_

**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"/>	Housekeeping	<input type="checkbox"/>	Cashier	<input type="checkbox"/>	Electronics
<input type="checkbox"/>	Testing of electronics	<input type="checkbox"/>	Small Repairs	<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 AM       Wednesday PM
- Thursday AM       Thursday PM       Friday AM       Friday PM
- Saturday AM       Saturday PM

How often can you commit to volunteering? \_\_\_\_\_

3. Do you have any health concerns we should be aware of? (eg. Fainting, diabetes, etc.)

If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any current First Aid or CPR Training? \_\_\_\_\_

5. References: Please provide two NON-FAMILY references that we may contact.

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

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

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\*\*\*Thank you for your willingness to serve at *Encore Thrift Store*. We rely on our donations, but We rely, more importantly on, OUR VOLUNTEERS\*\*\*

- **All new volunteers** will be on a probationary period of two months, at which time there will be an opportunity for feedback from you and *Encore*.
- **If you cannot make your committed shift, please call *ENCORE @ 905-497-2765* and speak to the Shift Leader or leave a message.**
- If you repeatedly miss your shift, your name will be removed from the volunteer list.
- Your email address will be used for *Encore Thrift Store* purposes only. Email addresses that you receive through *Encore* are to be used by you only for communication purposes for *Encore*.

- I declare that the information on this application is true and accurate.
- I have read and I understand the expectations regarding my volunteer role at *Encore Thrift Store*.
- I agree that I will adhere to the dates and times chosen for my volunteer shift.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE  
\_\_\_\_\_