



## Volunteer Application

(PLEASE PRINT/TYPE)

NAME:

MAILING  
ADDRESS:

PHONE:

EMAIL:

BIRTH MONTH & DAY:

ARE YOU 18 OR OLDER:

IF NOT, YEAR OF BIRTH:

CHURCH AFFILIATION: SACRED HEART      ST. MICHAEL      OTHER

PERSONAL REFERENCES (2) – Friend, Neighbor, Employer, Relative, etc.

Name:      Phone:      Relationship:

VOLUNTEER REFERENCES - Experience volunteering with another organization.

Organization:      Contact Name:      Phone:

EMERGENCY CONTACT

Name:      Phone:      Relationship:

***Bishop's Attic-II store is open Monday-Saturday from 10:00am-7:00pm and Sunday from 11:00am-6:00pm.***

### Agreement

- I hereby grant permission to Bishop's Attic-II to check the references listed above.
- I understand that some duties may require heavy lifting and airborne particles such as dust and dirt may be present.
- I understand there is a three-month probationary period and that volunteer perks are available to me after one month of service.
- I understand that this application in no way constitutes a commitment for a guaranteed volunteer position or permanent employment on the part of either party.

Signature:

Date: