PARISH THRIFT SHOP

The Episcopal Parish of All Saints' Church & St. George's Chapel

PLEASE PRINT Date: _____

Name: _____

Address: _____

_____

Phone / Cell: _____

Email: _____

Date of Birth: _____

1. What day/days would you like to volunteer? Shifts are a minimum of 3 hours/week.

_____

Number of days per week or month that you would like to volunteer?

_____

2. What location would you prefer?

@ Midway @Harbeson Either

3. Is there an area in the thrift shop that interests you? Please circle all that interest you.

A. Cashier B. Clothing C. Furniture

D. Seasonal E. Art F. Donations

G. Jewelry H. Linens

4. What volunteer experience do you have?

_____

_____