

**Please provide the following information:**

\_\_\_\_\_ name

\_\_\_\_\_ mailing address

\_\_\_\_\_ phone

\_\_\_\_\_ email

\_\_\_\_\_ date of birth

**Volunteer Interest:**

- General Volunteer
- Process Donations
- Donation Pick-up
- Retail Work Experience
- Special Events
- Other:

**Community Service Hours**

Do these hours fulfill a requirement for your school, employer, state agency, or other organization?

- Yes       No

Please indicate:

Number of hours: \_\_\_\_\_

Deadline \_\_\_\_\_

**Please indicate your availability by checking all that apply:**

I can volunteer:

\_\_\_\_\_ once a month

\_\_\_\_\_ once a week

\_\_\_\_\_ more than once/week

\_\_\_\_\_ as needed

\_\_\_\_\_ other:

	Morning	Afternoon
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		



**LOVE THE CITY**  
**THRIFT STORE**  
 a missional expression of Imago Dei Anglican Church

# Volunteer Application

*Love the City Thrift Store exists to bring hope and healing to the Bangor area and beyond.*

**Thank you for your interest in volunteering!**

You can register to volunteer online at [idachurch.com/lovethecity](http://idachurch.com/lovethecity)

Please return this application to:

Love the City Thrift Store  
 54 Cumberland Ave.  
 Bangor, ME 04401  
 Phone: 207-942-8800

Please list any relevant work or volunteer experience:

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What reservations, if any, do you have about volunteering?

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Please list an emergency contact:

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

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

Relation: \_\_\_\_\_

Have you ever been convicted for violation of any laws, traffic or otherwise?  
 Yes     No    *(This will in no way forfeit your ability to volunteer)*

If yes, please explain:

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Do you have any mental or physical conditions that may limit your volunteer activities?

Yes     No

If yes, please explain:

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Do you have difficulty doing any of the following:

- Lifting
- Bending down repeatedly
- Interacting with people
- Repetitive Motion
- Standing for long periods
- Other:

If possible, please provide a personal reference:

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

*I certify that the information I have provided on this application is true and accurate to the best of my knowledge. I give consent for Love the City Thrift Store to contact my personal references. If working with an agency (i.e. school, government, community) I release Love the City Thrift Store to communicate with them as needed. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application.*

Print Name: \_\_\_\_\_

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

**Parent / Guardian of a Minor:**

Print Name: \_\_\_\_\_

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