

VOLUNTEER FORM

NAME: (Last) _____ (First) _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Potential Health Risks: _____

Desired Days and Times (Morning Shift: 9 – 1; Afternoon Shift: 1 – 4; Thurs Late Aft. Shift: 4 – 7; 2nd and 4th Thurs sort nights 6:30 – 9; or list the hours that you can work and we will work around your schedule):

Monday _____ Wednesday _____ Friday _____

Tuesday _____ Thursday _____ Saturday _____

Duties you'd like to perform: (Number in order of preference)

- | | | | |
|----------------------------------|------------------------|------------------|---------------------|
| FLOOR STAFFING | SORTING | HOUSEKEEPING | SMALL REPAIRS |
| SCHEDULING | MERCHANDISING | RECEIVING | PRICING MERCHANDISE |
| ANTIQUÉ EVALUATION | CASHIERING | PICK UP/DELIVERY | INTERNET RESEARCH |
| WEBSITE CREATION AND MAINTENANCE | OTHER (specify): _____ | | |

List any areas of expertise that you think would benefit *etc...*: _____

Church/School Affiliation: _____

Personal Reference (List name and phone #): _____

Signature: _____ Date: _____

Fill out form and bring or send to etc....
1650-D US Hwy 41, Scherville, IN 46375
info@etcresale.org

www.etcresale.org