



VOLUNTEER APPLICATION

Name: _____	Date: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
Age: _____	Birth Date: _____	

Paws and Shop has many different ways you can give your time to benefit Paws Along the River Humane Society. A thrift store is a unique retail store. Please describe what you believe you would enjoy doing with your volunteer time. (i.e. working with customers: sorting clothes, creating displays or working the back room organizing new donations).

Do you have any situations or health issues we should be aware of? (Please explain)
Are you on disability?

Do you have back problems?

Are you able to be on your feet for long periods of time?

Were you ever or are you now actively involved with any other non-profit or community organizations? If yes, please list organization)

Do you have a criminal record? _____ If yes, when _____

What days are you available to work?

10:30 am to 3:30 pm

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Are you available to fill in if someone is unable to work their shift? Yes _____ No _____

Volunteer opportunities at the Boutique:

List jobs in order of your preference # 1 being your 1st choice.

_____ Sorter If you enjoy opening boxes of wonderful “treasures” that have been donated, this is the place for you. You will be sorting clothes, housewares, etc. You can stand or sit as a sorter. The sorter works in the “middle of our store and the sorter Does not interact with customers.

_____ Tagger The tagger performs a very important part of the sort function. You will be trained to use a clothes tagger gun and will also give the clothes a final inspection Before they go out on the sales floor.

Paws Along The River is a private non-profit Humane Society in Warren County. Paws and Shop Boutique directly helps the Humane Society animals by keeping all of our funds in Warren County.

*Applicants under 18 years of age must have parent or guardian signature.

Applicant: _____ Date: _____

(By signing this application, I agree that all information is correct.)

Parent or Guardian Signature: _____ Date: _____