

GOOD NEIGHBORS SHOPPE VOLUNTEER APPLICATION

Please Print

Name _____ M _____ F _____ Date _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____ (Used only for newsletters, volunteer lists, etc.)

Emergency Contact Person _____ Phone: _____

Birthday (Month, Day) _____

I am interested in volunteering for the following starting positions. I understand I can change if I choose after 3 months.

_____ CASHIER (greet customers, points out sales, operates cash register and credit card machine, bags merchandise for customer)

_____ SORTER (sorts & hangs seasonal clothing, prepares out of season clothing for storage)

_____ PRICER (prices and displays seasonal clothing, linens, and/or other merchandise)

_____ RECEIVING CREW (receives and sorts donations, places donations in proper departments, checks/prices electrical items and lighting fixtures, assists with furniture and rugs)

_____ FURNITURE PICK UP TEAM (assist in picking up donated furniture in the GNS van and deliver to store 8am-11am Tues, Wed, Thurs, Sun.)

_____ (circle one for future opportunities) Floral/incoming; housewares; collectibles; toys; linens, jewelry, shoes, ground crew, sales assistant,)

*Please check the day(s) and shifts(s) you would prefer to work.
The morning shift is 10:00 - 1:00, afternoon shift is 1:00 - 4:00*

| | Mon AM | Tues AM | Tues PM | Wed AM | Wed PM | Thurs AM | Thurs PM | Fri AM | Fri PM | Sat AM | Sat PM |
|----------|-----------|------------|------------|-----------|-----------|-------------|-------------|-----------|-----------|-----------|-----------|
| 1st Week | | | | | | | | | | | |
| 2nd Week | | | | | | | | | | | |
| 3rd Week | | | | | | | | | | | |
| 4th Week | | | | | | | | | | | |
| 5th Week | | | | | | | | | | | |

Volunteer Signature

Date

Please mail or drop this form off to the Good Neighbors Shoppe, 420 Leeper Parkway, Lenoir City, TN 37772, attn Volunteer Orientation Team. Thank you. You will be contacted soon to set up a schedule for orientation training, and work.

Volunteer Coordinator Signature/date _____

DATE CALLED _____ **Called** _____

Date emailed Training Manager _____ **Date Orientation** _____

Notes: