



## Mason General Hospital Foundation Treasures Thrift Store Volunteer Application

### Contact Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
What is your preferred method of contact    Email \_\_\_\_\_    Home Phone \_\_\_\_\_    Work Phone \_\_\_\_\_  
If you are under 18    (Please check here) \_\_\_\_\_  
Parent/Legal Guardian please sign here    Contact Number \_\_\_\_\_

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons     Weekend afternoons  
 Weekday evenings       Weekend evenings  
 Would you be interested in being a part of an email database that will update you on MGHF and its upcoming events?

### Interests

Tell us in which areas you are interested in volunteering:

- Treasures Thrift Store
- Bookstore
  - Clothing
  - Electronics
  - Crafts
  - Collectibles
  - Displays
  - Kitchen/Linens
  - Children
- Events  
 Fundraising  
 Phone Tree  
 Volunteer Coordination



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### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

How did you learn about MGHF's Volunteer Program? \_\_\_\_\_

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability, and other legally protected class status.

Thank you for completing this application form and for your interest in volunteering with us.

**Please return this application to:  
Treasures Thrift Store  
P.O. Box 1585, Shelton, WA 98584**