



NCPIN THRIFT VOLUNTEER APPLICATION

Date: ___/___/___

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Telephone: _____

POSITION

NCPIN Thrift Shop Hours: Tuesday – Saturday 10-4

Days and Times Available: _____

THRIFT STORE (*circle*) **TUES** am | pm **WED** am | pm **THUR** am | pm **FRI** am | pm **SAT** am | pm

THRIFT STORE position preference (*circle*) Cashier | Bagger | Back Room Processing | Restocking

ABOUT YOU

Please list any physical limitations: _____

Please list any skills or talents: _____

Please tell us your reason for choosing NCPIN: _____

Are you completing Community Service Hours? Yes _____ No _____

If yes, Agency Name: _____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release. Both NCPIN and volunteers may terminate the relationship at any time, with or without notice, with or without cause, for any reason whatsoever.

Signature: _____ Date: _____

NCPIN THRIFT SHOP | 434 COLFAX AVE., GRASS VALLEY, CA 95945 | 530.205.9301 | TUE - SAT 10-4