



COMMUNITY
CLOTHES
CLOSET

Free clothing for those in need.

DATE: _____

Volunteer Application Form

NAME: _____

ADDRESS, CITY, STATE, ZIP: _____

*DATE OF BIRTH ____/____/____

VOLUNTEERS MUST BE 16 YEARS OLD OR 13+ YEARS OLD IF ACCOMPANIED BY A PARENT OR GUARDIAN

EMAIL: _____

PHONE #: _____ CELL #: _____

EMERGENCY CONTACT: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US: _____

DOES YOUR WORKPLACE HAVE A MATCHING GRANT PROGRAM? YES: ____ NO: ____

MAY WE USE YOUR NAME AND/OR LIKENESS IN PUBLICITY RELATED TO THE CCC? YES: ____ NO: ____

Have you ever been a client of the CCC? YES: ____ NO: ____

What days are you interested in volunteering? Please check your choices below

	Monday	Tuesday	Wednesday	Thursday	Friday
Daytime hours 9:00 am-1:00 pm					
Evening hours 6:00 pm-8:00 pm					

What are your interests?

___ Client check out

___ Sort clothing

___ Reception

___ Restock clothing

___ Office/Clerical

___ Hang clothing

***Terms of Agreement**

Submission of this application will be treated as a signature to the following statement: I certify that the answers provided are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application. I further understand that Community Clothes Closet, Inc. will conduct a background check on me and that I do consent to this. I understand that Community Clothes Closet, Inc. is not obligated to accept me into their volunteer program and that if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application(s) or interview(s) may result in discharge at any time. I agree to treat all information I may hear, see, read or otherwise acquire highly confidential and I will not reveal or discuss this information outside of my official duties at Community Clothes Closet.

- Yes, I agree to the terms above _____
Signature
- No, I do not agree to the terms above

For Office Use Only

- Background Check Completed on ____/____/____
Start date ____/____/____
Volunteer assignment _____
Notes: _____