



616 W Liberty (Rt. 176)
Wauconda, IL 60084
847-526-0383

Sheryl Ringel - Manager
Shifts:
Tues- Sat 10-1:30 & 1:30-5

VOLUNTEER APPLICATION

Date: _____ Location: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Email Address: _____

(Optional) Birthday: _____

Informed Choices Mission

To provide alternatives to abortion through Christian counseling, education and support services to persons experiencing, or vulnerable to, the trauma of a crisis pregnancy, by giving them an opportunity to respond to the Gospel of Christ and Christian care. Informed Choices is an affiliate of Care Net.

New Life Resale Shop Mission

The thrift shop is in operation for two primary purposes: 1. To provide a solid base of financial support for Informed Choices, and 2. To provide low-cost clothing and household items to the community. It is the goal of the Thrift Shop to be "salt and light: to our customers, donors and the community in general. We want to demonstrate an attitude of efficient, caring service to those with whom we do business.

We desire all volunteers to assist in the following 3 areas:

1. Customer service: receive donations, cash register, bagging merchandise, general customer assistance
2. Pricing, hanging and stocking clothing & other merchandise
3. General store maintenance: vacuuming, dusting, straightening racks & shelves

A willingness to learn how to operate the cash register & credit card terminal is highly desired and encouraged. Please be aware that the nature of these positions require the ability to stand for a few hours at a time while waiting on customers. It also requires the ability to perform some lifting such as baskets of clothing or other items (20 pounds).

The Thrift Shop is open:

Tue. through Saturday 10:00a.m.-5:00p.m.

Volunteer Shifts run from 10:00a.m.-1:30p.m. or from 1:30pm to 5:00p.m.

Please plan to arrive at least 15 minutes prior to your start time.

Volunteers can serve a full day once a week; or one shift every week and some come once a month on Saturday. We also accommodate snowbirds.

Considering this information, what days and times would you be available to work? _____

Are there other times you would consider working in addition to your regular shift if the need arises? _____

Are there types of work you should avoid for health reasons? (e.g. lifting because of back problems, etc.) _____

Have you ever worked in a thrift shop before? If so, where? _____

Please list any previous volunteer experience:

Activity: _____ Agency: _____ Dates: _____

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Please give the names & telephone numbers of three references who know of your abilities and interests.

1. Personal reference: _____ phone: _____

How do they know you? _____

2. Employment reference: _____ phone: _____

How do they know you? _____

3. Volunteer reference: _____ phone: _____

How do they know you? _____

Please list any specific skills or talents that might be useful in your volunteer work: _____

Briefly state why you are interested in volunteering at the thrift shop, and how you heard about our organization. _____

Are you currently involved with any other organizations or ministries at this time? If so, please list them: _____

Please provide the following information on your local church:

Church name: _____ Pastor: _____

City: _____ Phone: _____

When are you available to start volunteering at the Thrift Shop? _____

May we include your name and phone number in our volunteer directory? _____

Person to notify in case of emergency:

Name: _____ Phone: _____

Relationship: _____

Medical conditions we should know about: _____

Applicant Certification and Agreement:

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Informed Choices to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Informed Choices and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to Informed Choices to conduct a criminal background check if they deem it necessary. If I am invited to join Informed Choices' Volunteer Staff serving at the Thrift Shop, I agree to fully adhere to its policies and rules. I recognize that as a volunteer, I will serve in a different role than an employee, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for the ministry of Informed Choices.

Signature of Applicant

Date of Application

Thank you for considering this service.
All of the thrift shop proceeds, after operating expenses, will be used by
Informed Choices for their ministry needs.
www.informedchoices.org

For office use only

Interview date: _____

Location: _____

Accepted as volunteer: Yes _____ No _____

Date Started: _____