

Rancho Coastal Humane Society Thrift Shop Volunteer Application

120 Aberdeen Drive, Cardiff 92007 760-753-0970

RCHSthriftshop@sdpets.org

| | Today's Date: |
|----------------------------------|---|
| First Name: | Last Name: |
| | |
| | Zip: |
| Email: | |
| Home No.: | Cell No.: |
| Date of Birth: | 18 years or older? |
| Emergency Contact Name | : |
| Relationship: | Phone: |
| Are you currently working? | Where? |
| What, if any, pets do you have | and what are their name(s)? |
| Do you have any areas of expe | ertise or background you feel might be helpful? |
| If you have volunteered previous | usly where and when? |
| What did you do there? | |
| What did you enjoy mos | t about volunteering there? |
| At this time, how much time do | you feel you can commit to RCHS Thrift Shop? |
| What day(s) of the week would | you like to commit to? |
| Please list any physical concer | ns you would like to bring to our attention. |
| Anything else you would like us | s to know? |
| Many thanks for applying to ou | r Volunteer Program. Shortly after this application is submitted, you |

will be contacted by the Volunteer Liaison to discuss Shop opportunities.

Rev. date: 4.26.17