

CRoP

Volunteer Application

Please complete the entire application.

Legal Name:

Nick Name:

Street Address:

City:

State:

Zip:

Mailing Address if different:

Phone – Home:

Cell:

Email:

Date of birth:

Employer:

Employer phone:

What is your contact preference (circle one):

home phone

cell call

text

email

What are your interests? Where would like to volunteer your time? Circle all that apply. If more than one area of interest – number the circles to indicate preferences. One (1) is most desired.

Customer Service in Sales Area

Donation Sorting in warehouse

Administrative work

Media – Ad creation/placement

Teacher Coordination

Recycle Partner Coordination

Anything else you would like us to know about your availability or skills?

Availability:

Weekly 3-hour shift in retail store – 10a to 1p

M Tu W Th F

Weekly shift accepting/sorting donations

M Tu W Th F

On-going non-retail support  
Describe:

**Emergency and Medical**

Please be aware that lifting is required to process donations. Are you able to lift 40lbs?

Please be aware that processing donations can be dusty. Do you have dust allergies?

Do you have life threatening allergies? Please list the allergy and what staff needs to know to help you in an emergency.

Please understand that if you are volunteering in either the warehouse or the sales area that certain risks are inherent. The Arts Alliance makes every effort to keep our volunteers safe. However, you must have personal medical insurance to volunteer to work on site. Please keep your emergency medical information with you when on site.