



Cancer Connection Thrift Shop - 375 South Street, Northampton MA - (413) 587-9999

**::VOLUNTEER APPLICATION / QUESTIONNAIRE::**

Please save and email completed form as attachment to [cquinn@cancer-connection.org](mailto:cquinn@cancer-connection.org)  
OR print and mail it to: Cancer Connection Thrift Shop, 375 South St, Northampton, MA 01060

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please choose your areas of interest. Check all that apply.

<input type="checkbox"/> Cashier/Checkout counter	<input type="checkbox"/> Light cleaning/dusting	<input type="checkbox"/> Stocking/merchandising
<input type="checkbox"/> Display design	<input type="checkbox"/> online shop assisting	<input type="checkbox"/> Unpacking donations
<input type="checkbox"/> Helping with incoming donations	<input type="checkbox"/> Book room	<input type="checkbox"/> Sorting donations
<input type="checkbox"/> Sales Associate	<input type="checkbox"/> Mending/sewing	<input type="checkbox"/> Organizing
<input type="checkbox"/> Answering the phone	<input type="checkbox"/> Repairing items	<input type="checkbox"/> Handyperson
<input type="checkbox"/> Greeter	<input type="checkbox"/> Item research	<input type="checkbox"/> Other (*please specify below)

\*Other \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How often would you like to work? \_\_\_\_\_ What hours are you available? \_\_\_\_\_

Please circle the days you are available:      WEDNESDAY    THURSDAY    FRIDAY    SATURDAY

SPECIAL EVENTS    ON-CALL/SUBSTITUTE    SEASONAL    OTHER (PLEASE SPECIFY) \_\_\_\_\_

Please provide a contact person(s) in case of emergency: Name(s) \_\_\_\_\_

Emergency Contact's Phone number(s) \_\_\_\_\_

Please provide two references and their phone numbers and/or email addresses: \_\_\_\_\_

Are you currently volunteering for Cancer Connection Inc. or anywhere else? \_\_\_\_\_

Volunteer signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank You! Volunteers are the heart of the Cancer Connection Thrift Shop!*

Office Use Only
___ Trained
___ Given Manual



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**::VOLUNTEER ACKNOWLEDGEMENT::**

As a volunteer at the Cancer Connection Thrift Shop, I recognize and acknowledge that there are certain risks of physical injury and loss. I agree to assume the full and complete risk of, and to waive, relinquish, fully release and discharge Cancer Connection, Inc. and its officers, directors, employees, volunteers, successors and assigns from, all claims and liabilities arising from any injuries, damages or loss which I may sustain as a result of participation in any and all activities connected or associated with my Thrift Shop volunteering.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_