Treasure Chest Volunteer Application

Please complete and return this Volunteer Application Form to: SPARCC's Treasure Chest
1426 Fruitville Rd., Sarasota, FL 34236 TC@sparcc.net Phone (941) 953-7800

DATE OF APPLICATION: _____

Name:

_____
First Middle Last

Address:

_____
Street (Apt) City/State/Zip

Contact Information:

(_____)_____ (_____)_____
Home Telephone Mobile Telephone

Best Day/Time to call:

_____

Email:

_____

Available hours:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-1:30pm	☐	☐	☐	☐	☐	☐
1:30pm-5pm	☐	☐	☐	☐	☐	☐
Other?	☐	☐	☐	☐	☐	☐

ON CALL AVAILABILITY: You are *absolutely not* obligated to come in if we call you, it just helps us to know who *might* be able to come in if we have a volunteer shift open. (Please check the appropriate time slots.)

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-1:30 pm	☐	☐	☐	☐	☐	☐
1:30pm – 5 pm	☐	☐	☐	☐	☐	☐
Other?	☐	☐	☐	☐	☐	☐

How often would you like to volunteer?

- Regularly. How many hours per week? _____
- Periodically. How many hours per month? _____
- Work on a one-time or short-term project. _____

How did you hear about SPARCC's Treasure Chest?

_____

Why are you interested in volunteering with SPARCC's Treasure Chest?

_____

_____

As a volunteer, what special skills or abilities will you bring to our organization?

_____

_____

What other organizations have you volunteered with?

_____

_____

Please check the volunteer work you are interested in doing (check all that apply):

☐ Cashiering

☐ Sorting merchandise

☐ Cleaning

☐ Organizing floor

☐ Pricing

☐ Assisting customers with purchasing items

☐ I want to know more about my options.

☐ Other _____

AGREEMENT:

If accepted as a SPARCC volunteer, I agree to the following:

1. To participate in designated training sessions when provided to help in my volunteer assignment.
2. To maintain strict confidentiality.
3. To adhere to a smoke free environment.
4. To support the mission of SPARCC.
5. To give SPARCC permission to contact the above references.
6. To provide my time and services without remuneration.
7. To fulfill the volunteer hours agreed upon.
8. To give notice in the event I cannot serve my committed time.

_____ _____

Signature Date

REFERENCES: (OTHER THAN FAMILY MEMBERS)

Name:_____ Relationship:_____

Address: _____

_____

Phone Number:_____

Name:_____ Relationship: _____

Address: _____

_____

Phone Number:_____