



M.E.D. Community Thrift Store, 5863 US Hwy 301 South, Four Oaks, North Carolina 27524
Phone: 1-919-963-6287 or Toll Free: 1-877-513-5019

VOLUNTEER JOB APPLICATION

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ Mid. Initial: _____

Phone: Home: _____ Cell: _____ Work: _____

Preferred First Name on Badge: _____ Birth Date: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female SSN: _____ Driver's License#: _____

E-Mail Address: _____

Current Employer: _____

Address: _____

Phone: _____ Supervisor's Name: _____

Job Duties and Responsibilities: _____

Spouse/partner Name: _____ Phone if different: _____

How did you hear about the MED Community Thrift Store volunteer program? _____

Emergency Contact: (Other than Spouse) Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

References (Local Preferred, No Relatives):

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

EDUCATION

School/College Name	Location	Graduated?	Diploma/Degree	Major/Minor Course Work
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Schools/Special Training				

Languages Spoken (Other than English): _____

Occupation/Former Occupation: _____

Work Experience/Professional Skills: _____

Volunteer Experience/Community Affiliations: _____

Why do you want to volunteer with the MED Community Thrift Store: _____

Service Preferences: Morning Afternoon

Days: Mon Tues Wed Thurs Fri Sat

Have you been convicted of a felony or misdemeanor offense, including offenses where adjudication of guilt was withheld? (including minor traffic violations) _____ Yes _____ No

If yes, please explain: _____

Are there any changes currently pending against you other than traffic violations? _____ Yes _____ No

If yes, please explain: _____

I certify that all of the information provided by me on this application is true, correct and complete. I grant MED Community Thrift Store permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statement or the omission of any information necessary to make this application complete will result in rejection of my application or dismissal from volunteer service.

Signature: _____ Date: _____