

THE FRIENDLY BOOKSTORE VOLUNTEER APPLICATION

TODAY'S DATE _____

DATE OF BIRTH _____ (MONTH/DAY)

FULL NAME _____

PREFER TO BE CALLED _____ EMAIL _____

STREET ADDRESS _____

CITY & ZIP CODE _____

HOME PHONE # _____ CELL PHONE # _____

WHAT ARE YOUR SPECIAL INTERESTS?

BOOKSTORE SHIFTS ARE: 9 AM - 1 PM AND 1 PM - 4 PM, MONDAY THROUGH SATURDAY.

PLEASE LIST WHEN YOU ARE AVAILABLE TO WORK:

DAYS _____ HOURS _____

REFERENCES ARE REQUIRED FROM THE LOCAL AREA, e.g. CO-WORKER, EMPLOYER, MINISTER.

DO NOT LIST FAMILY MEMBERS.

#1 NAME & PHONE # _____

HOW DOES THIS PERSON KNOW YOU? _____

#2 NAME & PHONE NUMBER _____

HOW DOES THIS PERSON KNOW YOU? _____

I GRANT PERMISSION FOR THE FRIENDLY BOOKSTORE MANAGEMENT TO DO A BACKGROUND CHECK.

(TYPED NAME OR SIGNATURE) _____ DATE _____

INTERVIEWED BY _____ APPROVAL DATE _____