

The mission of Great Stuff Savvy Resale is to generate revenue for the Delaware Breast Cancer Coalition by providing the community with high quality women's clothing, shoes and accessories as well as home furnishings and home accent pieces at a fraction of the original price.

VOLUNTEER APPLICATION

| Date: _ | |
|---------|--|
|---------|--|

| Name: | | | | | | |
|---|----------------|--|--|--|--|--|
| Address: | | | | | | |
| City: State: Zi | p: | | | | | |
| Home Phone: Cell Phone: | e: Cell Phone: | | | | | |
| E-mail Address: | | | | | | |
| Emergency Contact: Phone #: | tact: Phone #: | | | | | |
| Date of Birth: Month Day | | | | | | |
| Tell Us About Yourself | | | | | | |
| Do you have any previous volunteer experience? YES NO If yes, where? | | | | | | |
| What did you enjoy most about that experience? | | | | | | |
| Have you ever worked in retail? YES NO If yes, where? | | | | | | |
| What did you enjoy most about that experience? | | | | | | |
| Please list any skills you have (i.e. computer skills, trainings, etc.) | | | | | | |
| Please list your favorite hobbies or special interests. | | | | | | |
| What would you like us to know about you? | | | | | | |

Are there any work activities that you must avoid?

How did you learn about DBCC's resale shops?

Why have you selected Great Stuff as a potential volunteer opportunity?

Are you a breast cancer survivor? (optional)

Volunteer Availability

Great Stuff volunteers understand that they will be scheduled at either shop according to the need. Please check your preferred shifts. On the line at the right, indicate whether you would like to be scheduled weekly or bi-weekly.

| Tuesday: _ | 9:45-2:00 | 11:45-4:00 | 12:45-5:00 | | | |
|---|-----------|------------|------------|-------|--|--|
| Wednesday: _ | 9:45-2:00 | 11:45-4:00 | 12:45-5:00 | | | |
| Thursday: _ | 9:45-2:00 | 11:45-4:00 | 1:45-6:00 | | | |
| Friday: _ | 9:45-2:00 | 11:45-4:00 | 12:45-5:00 | | | |
| Saturday: _ | 9:45-4:00 | 11:45-4:00 | | | | |
| I prefer to be "on call" and contacted when needed. | | | | | | |
| Date available to start: | | | | | | |
| Preferred contact:E-mailHome PhoneCell Phone | | | | | | |
| Any other information about scheduling shifts: | | | | | | |
| | | | | | | |
| Signature: | | | | Date: | | |

Thank you for choosing to volunteer with us!

If you have any questions, please call Trish at 302-478-7890

| OFFICE USE ONLY | | |
|------------------------|--------------|--------------|
| Date interviewed: | Interviewer: | _Start date: |
| Photo taken: | | |

Revised 2014