



2nd Chance Boutique

104 S Broad Street
Woodbury, NJ 08096
(856) 537-7919, (856) 537-7914 (fax)

Volunteer Application

Date: __/__/__

Contact Information

Name, Age:	
Street Address:	
City, State, Zip Code:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Availability

- | | |
|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekend Mornings |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings |

Interests

Special Skills

What do you hope to gain from the volunteer experience?

Emergency Contact Information

Name:	
Relationship:	
Address:	
Home Phone:	
Cell Phone:	

References:

Name:	
Relationship:	
Address:	
Home Phone:	
Cell Phone:	

Name:	
Relationship:	
Address:	
Home Phone:	
Cell Phone:	

Statement of Agreement:

I understand that I must be punctual and regular in my attendance, helpful in my assignments, careful to honor the confidential nature of what I observe, and all other rules/regulations of the 2nd Chance Boutique. I understand that my service as a volunteer is conditional based on need and satisfactory service and may be ended at any time.

I certify that the above information is true and correct to the best of my knowledge. I understand that any false statement on this application may be considered cause for rejection of the application or for dismissal, if such statement is discovered subsequent to an assignment.

Applicant Signature: _____ Date: _____