



**Hospice of the Finger Lakes**  
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[www.hospiceofthefingerlakes.org](http://www.hospiceofthefingerlakes.org)

**FRIENDS OF HOSPICE THRIFT SHOP**

**VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Which is the best way to reach you? (please circle)

Home

Cell

Work

Email

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Are you at least 15 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Brief employment/ volunteering history: \_\_\_\_\_

How did you hear about the Hospice Thrift Shop? \_\_\_\_\_

What interests you about volunteering in the Hospice Thrift Shop? \_\_\_\_\_

Has a loved one or a friend ever been a patient of Hospice? \_\_\_\_\_

Would you be willing to give three to four hours per week as a Thrift Shop Volunteer?

(circle)

YES

NO

(Please complete attached volunteer availability)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# FRIENDS OF HOSPICE THRIFT SHOP

## Thrift Shop Volunteer Availability

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 1) Availability:

Days:	Hours:	Hours:
	9:00 am - 1:00 pm	1:00 pm - 5:00 pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 2) Thrift Shop Volunteers:

- \_\_\_\_\_ Floor Space Design and Display
- \_\_\_\_\_ Pick-up and Delivery
- \_\_\_\_\_ Sorting Donations
- \_\_\_\_\_ Pricing Donations
- \_\_\_\_\_ Cashier/ Sales Person
- \_\_\_\_\_ Financial/ Accounting/ Bookkeeping
- \_\_\_\_\_ Volunteer Coordinator
- \_\_\_\_\_ Painting/ Repairs of Donations and Fixtures
- \_\_\_\_\_ Publicity
- \_\_\_\_\_ Other - Please Specify

### 3) I can volunteer:

- \_\_\_\_\_ Once a week
- \_\_\_\_\_ More than once a week
- \_\_\_\_\_ Once a month
- \_\_\_\_\_ As needed