



THE THRIFT SHOP
at Ruth's House

Volunteer Application

Name: _____ DOB: _____ Telephone: _____

Email Address: _____

Address: _____

City: _____ State: ___ Zip: _____

Emergency Contact Name: _____ Telephone: _____

2nd Emergency Contact Name: _____ Telephone: _____

Do you speak any languages other than English? _____

Required number of Community Service Hours: _____

Date hours need to be completed by: _____

Days Available: _____ Hours available: _____

Areas of Interest: Hang/Sort Clothing ___ Domestics/ Home goods ___
IT/ Data entry ___ Cleaning ___ Fundraising & Special Events ___ Store
Display ___ Board of Directors ___

Signature: _____ Date: _____