

Volunteer Application

Spectrum Thrift Store  
616 SR 13 St Johns Florida 32259  
904-342-2528

Today's Date \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Have you ever been charged with a Crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
May we perform a background check on you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Days/Hours I am available to Volunteer:

I agree to indemnify and hold Harmless Spectrum Thrift Store Inc.

As a volunteer I agree that merchandise in the Sorting room and Donation station is not available for purchase. No Discarded merchandise even in trash receptacles is available to volunteers.

If I am accepted as a Volunteer I will arrange my work Schedule with the Spectrum Thrift Store Volunteer coordinator or the store manager.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please provide Driver's License number or State ID.: \_\_\_\_\_

Thank You for your help in Volunteering! . Spectrum Thrift Store could not benefit the Non Profit organizations we support without your help!!!