



VOLUNTEER REGISTRATION FORM

Date _____
MM/DD/YYYY

Name _____

Address _____ Bowen Island BC V0N 1G _____

E-mail address _____

Home Phone _____ Cell Phone _____

Age if younger than 19 _____ Parent/Guardian _____

Emergency contact name _____ Phone: _____

Relationship of emergency contact to you _____

Would you like to become a member of the Knick Knack Nook Re-Use-It Store Society? Yes No
The annual membership fee is \$1

Please indicate the days and times you are available on the schedule below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			For Sorting/Stocking/Cleaning				
8:45 – 12							
11:45 – 3							

Work experience: _____

Volunteer experience: _____

The roles I am interested in:

- Cash Desk - Experienced Yes No
- Customer Service Weekly Organization
- Sorting goods Special Work Parties
- Pricing goods Disposal of Surplus Goods Off Island

Applicant's Signature _____

Orientation: _____ Orientation Package Name Tag

Start _____ Inactive _____ Reactivated _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY