



Lopez Thrift Shop Volunteer Registration

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

What is the best time to reach you?

AM _____ or PM _____ (please indicate times)

Check if you are a year round resident ____ or seasonal resident ____

Days you are available for volunteering – *please select one or more:*

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____

(Note: The Shop is closed Mondays from October through April and open Mondays from May through September)

For **Retail Desk** assignments, indicate shifts you are available.

Please select one or more:

Weekdays: Mornings 10 – 1 _____ Afternoons 1 – 4 _____

Saturdays: Mornings 10 – 1 _____ Afternoons 1 – 3 _____

For **Backroom** tasks (sorting, pricing, stocking, cleaning, etc.)

Please select one or more:

Monday mornings 9:00 _____

Wednesday mornings 9:00 _____

Thursday mornings 9:00 _____

Friday mornings 9:00 _____

In case of emergency, contact:

Name Phone Relationship

Signed Date