

Date Received: _____

Name: _____

Training Schedule

Volunteer Coordinator: _____

Review Volunteer Registration Initial: _____ Date _____

Retail Training

Initial Training: Name: _____ Date _____

Second Training: Name: _____ Date _____

Retail training complete. Initial: _____ Date _____

Approved for scheduling to perform Retail duties Desk/ Floor _____

Backroom Training

Initial Training: Name: _____ Date _____

Second Training: Name: _____ Date _____

Backroom training complete. Initial: _____ Date _____

Approved to perform Backroom duties _____

Donation Training

Initial Training: Name: _____ Date _____

Second Training: Name: _____ Date _____

Donation training complete. Initial: _____ Date _____

Approved to perform Donation duties _____

Administrator of Thrift Shop roster notified to add this volunteer with designation of:

Retail _____ and/or Backroom _____ and/or Donation _____

Volunteer Coordinator: _____ **Date:** _____

NOTES: