



COMMUNITY VOLUNTEER APPLICATION

Name _____ Date _____
(Please include full name with preferred name in quotes)

Address _____

Phone #. _____ Cell #. _____ Age (if under 18) _____

E-mail Address _____

VOLUNTEER OPPORTUNITIES (Select the area in which you wish to volunteer. You may choose more than one.)

- Operation School Bell** – Assist with bagging of clothing during the months of October and November. Weekdays from 10-1. Throughout the year assist children shopping for school clothing at area Target Stores, 4-7 pm.
- Women in Need** – Cook and help to serve meals for Helen Wright (fifth Wednesday of the month) and Women’s Center (fourth Tuesday) under the direction of Chairperson. Reimbursement for ingredients used.
- Work in A-Z Thrift Shop** – Store hours are Wednesday through Saturday from 11-4 with shifts starting at 10:30 to 1:30 and 1:30 to 4:30. Assist customers with their purchases by helping them carry to check out; assist cashier by wrapping and bagging sold items. If you sign up for a shift, you are expected to stay the entire time.
- Work in Backroom of A-Z Thrift Shop** – Tuesdays and Thursdays 9:30–1 (may arrive or leave at any time within this timeframe). Receive donated items at the backdoor. Help to remove donated items from automobiles and place on sorting tables. Sort donated items from table into bins for cleaning, testing, and pricing. Assist members with testing and cleaning as directed.
- Monday Pickups** – Assist with picking up larger furniture items from donors in the Triangle Area. Monday mornings beginning at 9 am and ending around 2 pm. Usually alternate weeks. Under supervision of pickup chair.
- Families Moving Forward** – If you are a quilter, we would love you to join us to make quilts for these families. Materials provided.
- Sunday Estate Sales** – Wrapping and loading of household goods to be taken to the thrift shop. Various dates, usually from 1 to 3 pm
- Special Skills** – marketing, technology, social media. Let us know if you could help with Twitter account, e-commerce, etc.

If you speak or write any languages other than English please list here: _____

Describe your reason(s) for volunteering with Assistance League®: _____

(If volunteering for school community service, a letter or form must be submitted prior to volunteering.)

Emergency Contact Name: _____ Home # _____ Cell # _____

Note: All volunteers 18 years of age or older must agree to a complete background check performed by Assistance League of the Triangle Area. Volunteers 18 years of age or older are also expected to volunteer a minimum of 10 hours per year (which includes travel-time).

I agree to complete orientation, follow the procedures of the chapter and my signature also provides consent for my photograph to be used in Assistance League Triangle Area publications. I also agree that I shall maintain adequate liability and personal insurance while volunteering for Assistance League of the Triangle Area business and shall not hold Assistance League liable for any claims that may result while I am volunteering for Assistance League. **Applicants must be 14 years of age or older. For ages 14 to 18 signature of legal guardian is required.**

I hereby certify that the info set forth above is true and complete to the best of my knowledge.

Legal Guardian’s Signature _____ Phone # _____ E-mail: _____

Volunteer’s Signature _____ Date. _____

**Mail completed form to: Assistance League of the Triangle Area, PO Box 98477, Raleigh, NC 27624
OR email to: join@altriangle.org**

Internal Use: The original shall be given to the Volunteers Chair; copy will be provided to the VP Membership and chair of the committee to whom this volunteer is assigned.