

**HOSPICE OF THE FOOTHILLS
GIFT AND THRIFT STORE
Volunteer Application**

(Please Print Clearly)

Name: _____

Today's Date: _____

Street Address: _____

City: _____ **Zip:** _____

Home Phone _____ **Alt. No.** _____

Days Available to Volunteer: Please Circle

Monday – AM or PM Tuesday – AM or PM Wednesday – AM or PM
Thursday – AM or PM Friday – AM or PM Saturday – AM or PM

Please list any hobbies or interest that may be helpful in a volunteer assignment: _____

Is there a specific position that interests you? _____

If so, which is it? _____

Hospice of the Foothills requires all volunteers to have a basic physical, background check and drug screen at our expense. Do you agree to these conditions? Yes _____ No _____

If you are applying for a cashier position, would you agree to a credit check? Yes _____ No _____

Signature _____
