

Platte Canyon Community Partnership Resale Boutique

PO Box 904, Bailey CO 80421 Phone 303-816-7423 Website pccpresaleboutique.org Email: pccpresaleboutique@gmail.com

Volunteer Application

	Volunt	cer reprication		
First Name:	Last Name:			
Address:		City/State/Zip:		
Phone Home/Cell:		Date of Birth:		
Email:				
Physical Limitations:	No Yes (please	e explain)		
Education: (highest lev	el completed): please	circle		
High School or I	Equivalent College	Graduate School	Technical/Vo	ocational
Occupation:				
<u>Previous Volunteer Ex</u>	perience: Skills, Inter	ests, Education that	would be bene	eficial to the PCCI
1.				
2.				
3.				
.				
Volunteer Job Preferen	<u>ıces:</u> please circle			
Manager Receiving	ng Floor B	uilding Maintenanc	e Outside	e Maintenance
Special Events	Other			
Volunteer Availability:	please circle all appli	cable (Shifts AM: 10	0-1 PM: 1-4)	
Tuesday am/pm	Wednesday am/pm	Thursday	am/pm	Friday am/pm
Saturday am/pm	No Preference			
References (name/cont	act info):		2.	
Emergency Contact:				
Volunteer Signature:		Date:		
Status Dates – Official	Use Only: Staff – Plea	ase date and initial v	when accompli	shed
Application reconstruction consent — if und Contact made General orienta	eived by (name and da plete (this form, Liab ler 18) tion	<mark>ite):</mark> ility Waiver, Policie	s Acknowledge	ement, Parental

Manager orientation Start date

Notes