



Kiwanis[®]

CLUB OF ANACORTES

Kiwanis Thrift Shop Volunteer Application

Full Name _____ Nickname _____

Local address: _____

City: _____ State _____ Zip _____

Phone: Mobile _____ Home _____

Email _____

Best way to contact you _____

How long have you lived in Anacortes? _____

Are you a snowbird? _____ If yes, what months are you here? _____

If you are a Kiwanian: Club name: _____

Special Skills you have to share with the Shop, such as retail experience, ability to move furniture or ride on the Kiwanis truck and help with pickups and deliveries.

Volunteer sponsor (optional) This should be a Kiwanian who knows you well.

Sponsor name: _____

Our Organization requires background check for all members and volunteers.

Volunteer Commitment

I am submitting this application to become a Shop Volunteer and agree to follow the rules of the Kiwanis Thrift Shop.

I will do the following:

1. Submit information for a background check (see back of this form).
2. Attend a Shop orientation.
3. Work a mutually agreed to Shop shift, typically at least 4 hrs/month.

Signature: _____ Date: _____



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Background Check

Our Organization requires background checks for all members and volunteers.

The following information will be submitted to Orca Information for background checks. When completed, this page will be destroyed.

Full Name: _____

Date of Birth: _____

Social Security number _____

I give my permission for the Kiwanis Club of Anacortes to conduct the necessary background check and agree to cooperate in this process.

Signature: _____ **Date:** _____

Print full name: _____

Thank you for your interest in volunteering in the Kiwanis Thrift Shop. We will be in touch! For more information or questions, contact Gay Woods, gaw0002@gmail.com, or leave a message for her at the Shop.