



MUSTARD SEEDS THRIFT STORE

From something small, something meaningful will grow!

MUSTARD SEEDS THRIFT STORE

Volunteer Application Form

Thank you for your interest in serving with us!

Our thrift store is a community outreach ministry. Volunteers help us provide affordable goods, job training opportunities, and a welcoming place for everyone in our community.

1. Personal Information

Full Name: _____

Preferred Name (if different): _____

Date of Birth (if under 18): _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to you: _____

2. Availability

Please check all days/times you are available:

Day: _____ Time: _____

Monday (10-5) _____

Tuesday (10-7) _____

Wednesday (9-1) _____

Thursday (10-7) _____

Friday (10-5) _____

Saturday (9-3) _____

How many hours per week would you like to volunteer?

3–5 hrs

6–10 hrs

Flexible

Start date (approx.): _____

Is this for school credit or job training?

Yes No

If yes, please explain: _____

3. Areas of Interest

What would you enjoy helping with? (check all that apply)

Sorting donations

Hanging & tagging clothing

Organizing shelves

Cleaning & store upkeep

Cash register (after training)

4. Experience & Skills

Have you volunteered before? Yes No

Where? _____

Do you have any physical limitations we should be aware of so we can serve you well?

Yes No

Please explain: _____

5. Community & Conduct

Because we are a ministry serving the public, we ask volunteers to:

- Treat all people with kindness and respect
- Maintain confidentiality regarding customers and donors
- Dress modestly and appropriately for a family environment
- Follow safety instructions
- Avoid gossip or conflict inside the store

Do you feel comfortable serving in a Christian-based outreach environment?

Yes No

8. Agreement

I understand I am volunteering my time freely and am not an employee. I agree to follow store policies and serve respectfully.

Signature: _____

Printed Name: _____

Date: _____

(Parent/Guardian Signature if under 18)

Signature: _____

Office Use Only

Interviewed by: _____ Date: _____

Approved: Yes No

Role Assigned: _____

Start Date: _____