

**THE FRIENDLY BOOKSTORE
VOLUNTEER APPLICATION**

TODAY'S DATE _____ DATE OF BIRTH _____
(MONTH/DAY)

FULL NAME _____

PREFER TO BE CALLED _____

STREET ADDRESS _____

CITY & ZIP CODE _____ EMAIL _____

HOME PHONE # _____ CELL PHONE # _____

SPECIAL INTERESTS: _____

BOOKSTORE SHIFTS ARE 9 AM - 1 PM AND 1 PM - 4 PM, MONDAY THROUGH SATURDAY.
LIST WHEN YOU ARE AVAILABLE TO WORK:

DAYS _____ HOURS _____

REFERENCES ARE REQUIRED FROM THE LOCAL AREA, e.g. CO-WORKER, EMPLOYER, MINISTER. *DO NOT LIST FAMILY MEMBERS.*

#1 NAME & PHONE # _____
HOW DOES THE PERSON KNOW YOU? _____

#2 NAME & PHONE NUMBER _____
HOW DOES THE PERSON KNOW YOU? _____

I GRANT PERMISSION FOR THE FRIENDLY BOOKSTORE MANAGEMENT TO DO A BACKGROUND CHECK.

(SIGNATURE) (DATE)

INTERVIEWED BY _____

APPROVAL DATE _____