



St. Vincent de Paul Thrift Store

Our Lady of Victory Conference

Office & Thrift Store, 1300 Benner Pike, Suite B, State College, PA 16801

Volunteer Application and Agreement

Last Name _____ First Name _____

Phone _____ Email _____

Address _____

City/State _____ Zip _____

Task/Duties ___ Sorter ___ Donations Greeter ___ Cashier/Cashier Assistant

Preferred Shift—choose one or more (AM shifts are 10 AM-1 PM, PM shifts are 1-4 PM—
however, you may serve as few or as many hours as you wish):

___ Mon AM ___ Tue AM ___ Wed AM ___ Thu AM ___ Fri AM ___ Sat AM

___ Mon PM ___ Tue PM ___ Wed PM ___ Thu PM ___ Fri PM ___ Sat PM

Birthday (month and day only!!!) _____

Emergency Contact Name _____

Emergency Contact Phone _____

Emergency Contact Relationship _____

I _____, agree with and will follow the guidelines listed in the
Volunteer Handbook. By signing this agreement, I would like to become a St. Vincent de Paul
Volunteer.

Volunteer Signature _____ Date _____