



Lakefield Animal Welfare Society
2887 Lakefield Hwy (formerly Hwy 28) 652-0588
P.O. Box 9 Lakefield, Ontario K0L 2H0

Thrift Store

Volunteer Application

Name _____

Telephone _____

Address _____

Town/City _____

Postal Code _____

Are you 18-30 30-65 65-80

Occupation: _____

Special Training Courses/Skills: _____

Volunteer Experience: _____

Retail Experience _____

Experience handling cash: Yes No

Are you willing to work one 3 hr Saturday shift once per month? Yes No

Many organizations require a police check, would you consent to this? Yes No

Do you have any restrictions that may affect your ability to do volunteer work (such as allergies, recent illness, etc) Yes No

In Case of emergency notify: _____ Phone _____

I recognize that as a volunteer, it is my responsibility to acknowledge and respect rules, practices, procedures and policies the same as would be required as an employee.

Signature: _____

Date: _____