Society of
Saint Vincent de Paul

VALUE STORE
429 Barton Street East, Hamilton, ON L8L 2Y5
Email: ssvpbartonvolunteer@gmail.com

STUDENT VOLUNTEER APPLICATION

Contact Information – PLEASE PRINT

Name (first, last)	
Address	
Phone (Cell)	
Phone (Home) (if applicable)	
E-Mail Address	
Name of School	

Availability

The Store's hours of operation are Wednesday to Saturday 10:00 am to 4:00 pm. Student volunteers are primarily schedule on Saturdays. Shifts are a minimum 3 hours. Please select preference and we will do our best to accommodate.

Saturday _____ 10:00 am – 1:00 pm _____ 1:00 pm – 4:00 pm

Interests

Please indicate in which area(s) you are most interested in volunteering

_____ Donation Sorter
_____ Furniture Repair / Electronics Testing
_____ Web Design / Computer Programming
_____ Truck Deliveries (*must be able to lift 50 lbs and be available for a full day 9:30 – 4:30)
_____ Cashier
_____ Retail Displays/ Marketing / Advertising Design
_____ General Maintenance
_____ Other: _____

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Reason for Volunteering and Special Skills or Qualifications

In the space provided below, please summarize any special skills and/or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please include languages spoken.

Limitations

In the space provided below, please provide information regarding any medical conditions that would affect your volunteering that we should be aware of (allergies, physical health concerns, etc.)

Emergency Contact Information

Person to Notify in Case of Emergency

Name	
Relationship	
Phone	

Thank you for completing this application form and for your interest in volunteering with the Society of St. Vincent de Paul Value Store located at 429 Barton Street East, Hamilton.

Student Signature: _____ Date: _____

Parents Name (Please print): _____

Parent's Signature: _____ Date: _____