

Volunteer Application

PERSONAL INFORMATION	date of application:	
Name:		
Address:		
	State: Zip: _	
Phone:	Employer:	
E-mail:	Che	eck email daily? Y N
Date of Birth:	(must be 21 years or older to v	volunteer)
How long have you been vegan?		
EMERGENCY CONTACT INFORMA	ATION	
Name:	Phone:	
City:	Relationship:	
PERSONAL REFERENCES		
Please provide two references no	ot related to you:	
Name:	Phone:	
Address:		
City:	State: Zip: _	
Name:	Phone:	
Address:		
	State: Zip: _	

SCHEDULE INFORMATION

What frequency are you available?

Once/week Twice/month Once/month Only as needed/short notice

Store hours are 10 am – 8 pm every day, and shifts are 3-4 hours. With that in mind, please outline your typical weekly availability:

ADDITIONAL INFORMATION

Have you volunteered for Vegan Haven before? if so, when?
Do you have experience with cash register or POS ("point of sale") system?
Have you ever worked in a retail store, or grocery store?
If "no" to the above, do you have any other experience that might pertain to a grocery/boutique?
SPECIAL REQUIREMENTS This job may entail several hours standing, some heavy lifting up to 40 lbs., some use of step-ladders, some freezer/cooler restocking. Do you have any special requirements or medical conditions that could affect your volunteering work? Yes No If yes, please describe:
YOUR VEGAN STORY Why you would like to volunteer at Vegan Haven:
Briefly describe when & how you became vegan:
I hereby certify that the information on this application is true and complete. My signature authorizes Vegar Haven to verify any of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer position I am seeking with Vegan Haven.
Signature: Date: