Sweet Repeat Charitable Foundation Office Use Only:

Membership / Volunteer Application Referred By : 4802 Charlotte HIghway, Lake Wylie SC 29710 Date Application Received:

Date Presented to Board: Action Taken by Board:

**PLEASE PRINT** Probationary Period Start Date

Name Preferred Name

Address

City Zip Code

Telephone: Home Cell

Email Address

Note: Principal method of communication with members is via email.

Birthday Month Birthday Day

Please provide an emergency contact in case the need ever arises

Name Phone number Relationship

Current Employment Status: Full Time Part Time Retired Student

Why do you want to volunteer with the Sweet Repeat Charitable Foundation?

Are you currently volunteering anywhere else? Yes No If yes, please list the agency, the volunteer services you provide, and the frequency of your services.

The Sweet Repeat retail store is open to the public Tuesday, Thursday and Saturday from 9-3. Volunteers may also work Monday and Wednesday from 9-1.

How often would you like to volunteer? # of days/Week # of days/Month Short term projects Are you willing to work on Saturday Yes No

Tell us a little about yourself (e.g. Family, pets, favorite activities, useful or interesting skills and hobbies, how long you have lived in the Lake Wylie area, etc.)

Special interests, skills or qualifications (may be ones acquired from employment, precious volunteer work, or through other activities including hobbies or sports).

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| --- | --- | --- |
|  Administrative / Office |  Data Entry |  Computer / Technology |
|  Social Media |  Accounting |  Fundraising |
|  Photography |  Marketing |  Merchandizing |
|  Public Relations |  Customer Service |  Special Event Planning |
|  Sorting/Stocking |  Web Design |  Written Communications |

 Languages Spoken (other than English)

# Membership / Volunteer Application Statement of Understanding

I understand that this is an application to volunteer with the Sweet Repeat Charitable Foundation and to become a member of said organization. This application does not guarantee or promise that an opportunity will be made available to me.

I understand that members commit to volunteering AT LEAST 6 hours per month and to attend monthly member meetings when possible. I wish to submit my application to become a member.

Signature Date

# Next Steps

After your application is received, you will be contacted by a member of the Sweet Repeat Charitable Foundation and an interview will be scheduled.During the interview you will have the opportunity to discuss your interests and skills in depth. If it appears that you may be an asset to the organization you will be scheduled for training. Training may occur over a 30 to 90 day period and will provide an overview of the store operations.