



# Lynden Christian School

## Second Chance Building Supply Volunteer Information Sheet

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Best # \_\_\_\_\_ Is this your Cell or Home? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Church I attend: \_\_\_\_\_

Referred By: (they will receive a gift certificate to the store) \_\_\_\_\_

### Volunteer Opportunities:

#### **Front End:**

\_\_\_\_\_ Cashier

\_\_\_\_\_ Floor Volunteer

(greeting, stocking, and straightening up)

\_\_\_\_\_ Cleaning

#### **Back End:**

\_\_\_\_\_ Donation Sorter

\_\_\_\_\_ Pricing

#### **Other:**

\_\_\_\_\_ Craigslist Sales

\_\_\_\_\_ Other (please state)

\_\_\_\_\_ Cleaning

### Store Hours: Wednesday-Saturday 10:00-3:00

#### **What days work best for you?**

\_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday

#### **Time of Day**

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon

#### **Frequency**

\_\_\_\_\_ Weekly \_\_\_\_\_ Semi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_ As Needed

I understand by signing below that I will not hold Lynden Christian School responsible for any accident that may happen while I am volunteering for Second Chance.

X \_\_\_\_\_

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**Physical Address:** 403 1st, Lynden, WA 98264

**Mailing Address:** 417 Lyncs Drive, Lynden, WA 98264

(360) 392-0672 \_