



Volunteer Application

Name _____

Address _____

Phone: home _____ cell _____

Email _____ Are you over 18? _____

How did you hear about us? _____

The ReNew stores are open Monday through Saturday from 10:00 a.m. to 6:00 p.m.

Which shift works best for you? ___ 9:30 a.m. to 2:00 p.m. ___ 2:00 to 6:30 p.m.

Which day(s) works best for you? ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat

How often are you available? ___ 1x week ___ 2x week ___ 2x month (minimum requirement)

Do you have retail experience? (not required for volunteering) Y / N

The ReNew Stores are owned and operated by Placer Family Housing, dba Acres of Hope. Placer Family Housing is a faith-based 501(c)(3) charitable organization dedicated to providing a long-term residential renewal program for homeless women with children. 100% of the profits from The ReNew Stores go directly to benefit Acres of Hope. If asked to serve at ReNew, is there any reason that you could not support the vision, mission and values of Placer Family Housing dba Acres of Hope? (Review this at www.acresofhopeonline.org.)

Y / N If Yes, please explain: _____

What position or positions are you most interested in serving?

- | | |
|--|---|
| <input type="radio"/> Working with Clothing and Accessories | <input type="radio"/> Merchandising & Visual Displays |
| <input type="radio"/> Working with Furniture | <input type="radio"/> Picking up Furniture Donations |
| <input type="radio"/> Working with Home Goods | <input type="radio"/> Upcycling Donations (painting, repurposing, repair) |
| <input type="radio"/> Retail Floor Customer Service | <input type="radio"/> Researching Vintage Items |
| <input type="radio"/> Cashier & Cash Handling | <input type="radio"/> Other? Please list: |
| <input type="radio"/> Processing Clothing & Replenishing Inventory | <input type="radio"/> _____ |
| <input type="radio"/> Steaming, Pricing & Tagging Clothing | _____ |
| <input type="radio"/> Creative Projects with Clothing/Accessories | _____ |
| <input type="radio"/> Sorting, Cleaning and Pricing Home Goods | |

EMERGENCY CONTACT PERSON(S)

1) _____
Name Phone Relationship

2) _____
Name Phone Relationship

Release from Liability

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of Placer Family Housing/ReNew staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies required for the tasks I will perform.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that Placer Family Housing/ReNew does not provide health insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Placer Family Housing/ReNew staff at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Parent or guardian must sign if volunteer is under age 18.

Signature: _____ Date: _____

My signature below certifies that:

The information given in this application is true and complete to the best of my knowledge.

All volunteers are required to help keep the store clean and organized. This includes the windows, back rooms, bathrooms and merchandise. We do not have a paid cleaning service. Your signature below confirms that you will take responsibility to make sure the store is clean and organized during your shift, and will clean donations if asked to by your shift lead.

I understand that, for certain tasks, I may be required to be fingerprinted for a background check at my own expense prior to becoming a volunteer; I further understand that refusal of a fingerprint check may result in my application to be rejected.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Signature: _____ Date: _____