

Second Hand Prose Volunteer Application

Name: _____ Date: _____

Email: _____

Telephone (H): _____ (C): _____

Address: _____

Emergency Contact: _____ Telephone: _____

Preferred Method of Contact (i.e., email, home phone, mobile, text): _____

Preferred Day(s) Preferred Shift(s) (Please Mark)

___ Sunday ___ 1pm-4pm

___ Monday ___ 10am-1pm ___ 1pm-4pm

___ Tuesday ___ 10am-1pm ___ 1pm-4pm

___ Wednesday ___ 10am-1pm ___ 1pm-4pm

___ Thursday ___ 10am-1pm ___ 1pm-4pm

___ Friday ___ 10am-1pm ___ 1pm-4pm

___ Saturday ___ 10am-1pm ___ 1pm-4pm

___ I wish to substitute as well as work shifts ___ I wish to be a substitute only

Is there someone you would like to recommend?: _____

Volunteers at Second Hand Prose are expected to get their own substitutes if they are unable to work shift.

Signature: _____ Date: _____

For further information please contact Margaret Wright (h) 619.435.6145 or (m) 619.203.9901