

FAVARH

225 Commerce Drive □ PO Box 1099 □ Canton □ CT □ 06019

860-693-6662 fax 693-8662

favarh@favarh.org - www.favarh.org

Please
return to:

Jean Miller

VOLUNTEER AVAILABILITY

Name:		Date:	
Address:	Town:	State:	Zip:
Home Phone:		Work Phone:	
Cell Phone:		E-Mail:	
Special Training/Skills/Talents/Hobbies:			
Past & Present Volunteer Experience:			
Physical Limitations:			
Current Employment:		Full Time? Y N	
List Hobbies & Special Interests:			
2 References: (other than relatives)			
Name: _____		Phone #: _____	
Name: _____		Phone #: _____	
In case of Emergency, notify:		Phone:	
Family Physician:		Phone:	

GENERAL FAVARH VOLUNTEER

What areas of responsibility are you interested in? (Please circle)

Adult Recreation Administrative Fund Raising Respite Other: _____
Special Olympics Thrift Shop Board of Directors

When are you available? (Please circle) Day(s): M T W Th F Sat Sun
Times: _____

THRIFT SHOP VOLUNTEER

*The minimum work schedule is 3 hours per month at the FAVARH Thrift Shop. The Thrift Shop is open Mon 12:00 p.m. – 6:00 p.m. Tues – Fri 10:00 a.m.- 6:00 p.m. – Saturday 10 a.m. –3:00 p.m. Some volunteer positions may require additional flexible hours/times.

Are you available to volunteer more hours than the minimum time requested? Y / N

If yes, when are you available? (Please circle) Day(s): M T W Th F Sat
Times: _____

What areas of Thrift Shop responsibility are you interested in? (Please circle)

Pricing Selling & Straightening Volunteer Coordinator (Day Captain one day)
Electronics Tester Other: _____

Thank you so much for your commitment to FAVARH & and/or the Thrift Shop and to the programs and participants it supports. You truly make a difference!