

**Philadelphia AIDS Thrift
Volunteer Application**

710 South 5th Street
Philadelphia, PA 19147
215.922.3186
PhillyAIDSThrift@aol.com

Date: _____ Phone (daytime): _____
Name: _____ Phone (evening): _____
Address: _____ E-mail: _____
City: _____ Date of Birth: _____
State: _____ Zip: _____

Please indicate your general area(s) of interest.

- Administrative Support
- Customer Service
- Cashier
- Processing Donations
- Public Relations/Special Events
- General retail service

Please indicate your availability.

- Monday _____ to _____
 - Tuesday _____ to _____
 - Wednesday _____ to _____
 - Thursday _____ to _____
 - Friday _____ to _____
 - Saturday _____ to _____
 - Sunday _____ to _____
-

How did you first learn about PAT?

Professional Experience

Please include your current/most recent occupation and employer, and any applicable experience.

Volunteer Experience

Please include volunteer duties and length of tenure.

Please give 2 references.

Name: _____
Occupation: _____
Phone (daytime): _____
Phone (evening): _____
E-mail: _____
Relation: _____
Length of Acquaintance: _____

Name: _____
Occupation: _____
Phone (daytime): _____
Phone (evening): _____
E-mail: _____
Relation: _____
Length of Acquaintance: _____

Please list any other special skills you feel are applicable to volunteering with PAT.

How long would you like your initial commitment to be with us? (circle one)

3 months 6 months 1 year Other _____

Emergency Contact Information

Name: _____
Relation: _____
Phone (daytime): _____
Phone (evening): _____

I understand that completing this application does not entitle me to a position with Philadelphia AIDS Thrift, paid or volunteer. I understand that my volunteer commitment to Philadelphia AIDS Thrift is dependant upon a full reference check, and approval by the management of Philadelphia AIDS Thrift.

Name (please print)

Signature (of parent or guardian if under the age of 18)

Date