

# Volunteer Interest Form

Hometown Resource Center - St. Charles, Minnesota - 1244 Whitewater Avenue

\* Required

1. Email address \*

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2. First and Last Name \*

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3. Address, City, St, Zip \*

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4. Phone number \*

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5. Have you volunteered at the Resource Center before? \*

Mark only one oval.

- Yes
- No

6. Are you interested in volunteering in the Thrift Store, Food Shelf or both? \*

Mark only one oval.

- Thrift Store
- Food Shelf
- Both

7. What days of the week are you generally able to volunteer? \*

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8. Are you willing to consider short evening or weekend shifts? \*

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9. Do you prefer full day (8 hours) or half day (4 hours) shifts? \*

*Mark only one oval.*

Full Day

Half Day

10. Are there months or times of year where you cannot volunteer? \*

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11. Did you receive a referral to volunteer at the Resource Center? If so, by whom?

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12. Is there anything else you'd like us to know about you that may be relevant to volunteering?

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Send me a copy of my responses.