



___ Orientation Session
Date: _____

___ Community Service
___ Sweat Equity
___ Group: _____

ReStore Volunteer Application

Contact Information: (Please print legibly!)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: (Home) _____

(Mobile) _____

Email (very important!): _____

Date of Birth: _____

Availability: (check all that apply)

Donation pick up: (9am-1pm) and/or (1pm-5pm) must be able to lift and carry heavy items.

___ Wednesday

___ Thursday

___ Friday (only 9am-1pm)

Retail store shifts:

Days of the week available: ___ Wed ___ Thu ___ Fri ___ Sat

Type of shift interested in: _____ Morning (9:00am-1:00pm)
_____ Afternoon (1:00pm-5:00pm)
_____ I'm flexible

Retail areas of interest: _____ Cashier _____ Customer Service
_____ Warehouse _____ Repair Service
_____ Drivers Assistant _____ Office Assistant
_____ Anything _____ Merchandise Assistant

Would you be interested in learning about construction opportunities? **Yes / No**

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