

WOMAN'S
EXCHANGE INC.



NON-PROFIT CONSIGNMENT SHOP
SUPPORTING the ARTS of SARASOTA

Volunteer Interest Form

Name: _____

Local
Address: _____

City, State,
Zip: _____

Telephone: _____

E-Mail: _____

Emergency Contact & phone: _____

What months are you available: _____

Previous volunteer experience? If yes, where? _____

What skills and qualities can you bring to the Woman's Exchange? _____

How did you find out about the Woman's Exchange?

What days can you volunteer? Mon. Tues. Wed. Thurs. Fri. Sat.

10:00am-1pm? _____ 1pm-4pm? _____ All Day? _____

Sales floor Cashier Wrapper Pricing Intake Jewelry

Date of Birth: _____

Volunteer Policy

It is the policy of the Woman's Exchange to encourage arts community-minded people to serve as volunteers. Volunteers' energy and talents help the Exchange meet its commitment to providing quality service to their customers. Volunteers enhance, rather than replace, adequate staffing.

Volunteers are recognized by the public as representatives of the Exchange and shall be guided by the same work and behavior codes as employees. Volunteers are also bound by all of the rules contained in the policies and guidelines.

Volunteers are considered "at will" volunteer employees of the Woman's Exchange and the Exchange reserves the right to terminate a volunteer's working association with the Exchange at any time, for any reason.

Volunteer applicants may be interviewed to determine their interests and level of experience. Volunteer talents, experience, availability, and interests will be considered in job placement. Volunteers are coordinated by the Volunteer Coordinator. The Coordinator and Executive Director are authorized to create and amend procedures to support this policy.

Volunteers are asked to record their hours of service in the "Volunteer Login Computer" located in the business office.

The Woman's Exchange staff and volunteers work together for mutual satisfaction and for the benefit of the Woman's Exchange and the community.

Thank you for your interest in the Woman's Exchange. The Volunteer Coordinator will contact you.

I have read and agree to the volunteer policy.

Signature

Date

WOMAN'S
EXCHANGE INC.



NON-PROFIT CONSIGNMENT SHOP
SUPPORTING the ARTS of SARASOTA

Parental Permission Form for Volunteers under 18 years old

Please print:

Name of
Volunteer: _____

Name(s) of parent(s)/guardian: _____

Address: _____

Phone
Number: _____

Emergency contact information (please provide emergency phone numbers, cell numbers, work phone numbers of volunteer's parents / guardians to be used in case of an emergency):

Volunteer's birth date: _____

Volunteer's school: _____

Parental consent:

I, _____ give permission for my
child _____ to volunteer at the Woman's
Exchange. I agree to be responsible for providing my child with transportation to
and from the Exchange so that he/she can fulfill his/her volunteer commitments
and responsibilities. I agree that it is my responsibility to inform the Volunteer
Coordinator if I no longer give my permission for my child to volunteer. I confirm
that both I and my child have read the Woman's Exchange Volunteer Policy.

Parent signature: _____

Volunteer signature: _____ Date: _____