



CHARLIE'S CLOSET APPLICATION FOR VOLUNTEERS

Name _____

Address _____

Phone _____ cell phone _____

Email _____

Day(s) you are available to volunteer regularly M ___ T ___ W ___ Th ___ F ___

Are you willing to be on the substitute list? Yes ___ No ___

If yes, on which days? M ___ T ___ W ___ Th ___ F ___

How often can you volunteer? Weekly ___ Bi-weekly ___ Monthly ___

Date _____ Signature _____