DYSL WEARHOUSE THRIFT STORE – VOLUNTEER APP.

Operated by the Delta Youth Support Line Society (DYSL)

NAME: _____

ADDRESS: _____

PHONE (Home) _____

ADULT _____ **YOUTH** _____ **GRADE** _____

Available times to volunteer:	**Mornings 10:00-1:00**	**Afternoons 1:00-5:00**
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Special Events: Yes _____ **No** ____

Which areas interest you: (please circle)

Cashier Pricing Sorting Steaming Electrical items

Collectibles Books Other: _____

Reason for wanting to become a DYSL volunteer: _____
_____
_____
_____

References: _____
Name **Phone Number**

Applicant's Signature: _____