



Orbiting
TRENDS



DR. MARGARET SAVAGE
Crisis Centre



Orbiting Trends & Ella's Closet Volunteer Application Form

Name: _____ Date of Birth: ____/____/____

Mailing Address _____

Email Address _____ Permission to Email: YES NO

Cell Phone Number _____ Permission to Text: YES NO

Emergency Contact Name _____ Phone Number _____

Current Occupation _____ Current Employer _____

Tell us why you want to volunteer for Orbiting Trends/Ella's Closet/DMSCC _____

Please provide two references.

Reference One: Name _____ Contact Number _____

Reference Two: Name _____ Contact Number _____

Are you volunteering for Community Service hours? (E.g. School, H4H, etc.) YES NO

If yes, please specify: _____

Please list any medical issues we should be aware of: (E.g. Inability to lift, allergies, etc.)

Please check all positions you wish to volunteer for:

Sorting & organizing donations Retail Floor Associate Picking up donations

Store Merchandising Cleaning and Maintenance

How much time are you willing to commit weekly?

30 minutes-3 hours 4-10 hours 11-15 hours 15+ hours

Date: _____ Signature: _____

If Under 18: Guardian Name _____ Guardian Phone _____

Guardian Email _____ Signature of Guardian _____