

Providing low cost second hand furniture to the community... and saving usable things from the land fill!



Recycle Renew Reuse Redo Resell Redistribute Reduce Recycle

# Recycled Treasures

12101 Joseph Campau, Hamtramck, MI 48212  
313-826-7158

Date:

Name:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Date of birth:

Have you been convicted of a felony within the past five years? \_\_\_\_\_ Yes  
No

If yes, please explain: \_\_\_\_\_

Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What grade or year are you in? \_\_\_\_\_

Have you done volunteer work at another nonprofit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and what did you do?

What type of work would you like to do here?

List any hobbies or interests:

What skills, training or knowledge do you wish to utilize here?

Why do you want to volunteer here?

How did you hear about our Agency?

When are you available to volunteer and for how long?

Time of day

Day of week

How often per week/month

For how long?

If you have a disability, what accommodation would you need to do this volunteer position?

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide 3 personal or professional references:

Name:	Phone number	Personal or professional relationship
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1.

2.

3.

I hereby attest that the above information is true to the best of my knowledge.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Under age applicants must have permission from a parent or guardian**

I give permission for my child to volunteer at Recycled Treasures.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* If the applicant is chosen for volunteer work, have them complete the following \* \***

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone (W) \_<--J \_\_\_\_\_ (H) \_(L) \_\_\_\_\_

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions):