 **VOLUNTEER Application**

Name:

Address:

Phone:

Email:

# of years as a Member:

# of Family Members:

# of Hours you want to volunteer?:

*( minimum of 6 hours per month for 10% discount)*

Availability days/times to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I would be interested in helping with: (circle all that apply)

* store maintenance and cleaning
* stocking shelves or refilling bulk bins or filling herb jars
* organizing
* membership retention and development
* community outreach, marketing, or special events
* facilities maintenance
* data entry and/or paperwork
* other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What feedback do you have for the Co-op?

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Note: Volunteers must be 16 years of age. Volunteers will be interviewed prior to beginning to volunteer.