



HSYC Pawsibilities Thrift Shop

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Availability (Check all that apply):

Weekly Every other week Monthly
Wednesday Thursday Friday Saturday

(NOTE: Work shifts are from 11:30 am until 4:00 pm.)

Positions of Interest (Check all that apply):

Cashier Bagger Stocking shelves Electronics Checker Triage Donations

NOTE: On Sunday, Monday and Tuesday, the store is closed for cleaning/organizing/restocking. If we need support on those days, we will contact you based on your departmental interests below.)

Departmental Interests (Check all that apply)

(Help in these areas may be completed/needed Sunday, Monday, or Tuesday, or during off-hours.)

Department	YES	Department	YES
Adult Clothing	<input type="checkbox"/>	Hardware/Tools	<input type="checkbox"/>
Children's clothing	<input type="checkbox"/>	Linens	<input type="checkbox"/>
Electronics	<input type="checkbox"/>	Pictures/Art Work	<input type="checkbox"/>
Books/Media	<input type="checkbox"/>	Pets & Supplies	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	Home Décor	<input type="checkbox"/>
Crafts	<input type="checkbox"/>	Jewelry/Accessories	<input type="checkbox"/>
Sports	<input type="checkbox"/>	eBay postings/sales	<input type="checkbox"/>
Toys/Games	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Garden/Outdoor	<input type="checkbox"/>	Christmas Shop (Sept. thru Dec. only)	<input type="checkbox"/>

Volunteer Waiver

I, _____,
(Signature required)

as a volunteer at the Humane Society of York County's Thrift Shop, operated by HSYC, hereby declare that I will **NOT HOLD** HSYC liable for any injury I might sustain while working as a volunteer. I acknowledge that I am over 18 years of age.