

SHOP ON STATE VOLUNTEER

Name: _____

Address: _____

Phone #: _____ cell #: _____

E-mail: _____

Indicate Yes or No:

I can work in the shop: Mornings 9-1 _____

Afternoons 1-5 _____

Full Day if needed 9-5 _____

Saturday 9-1 _____ 1-4 _____

Work outside the shop:

e-Bay: _____

Load/unload items like furniture: _____

Take items to Goodwill, etc: _____

I have a truck, van or trailer to use: _____

Work as needed on days the shop is not open:

Mondays: _____ Tuesdays: _____ Wednesdays: _____

Thursdays: _____ Fridays: _____

St. Ansgar crew: