



Return to:

Transformations Thrift Store
1239 South 14th Street Lincoln
NE 68502

Or Email Attachment:

Transformations.volunteering@gmail.com

***When completing this application please PRINT legibly so that we can get it into our system correctly.**

Volunteer Application:

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Employer: _____

Birthday: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Any physical limitations? If yes, please explain: _____

*Please note that Transformations does have stairs and that volunteers are asked to assist in carrying donations up and down the stairs and help with restocking the floor which requires the lifting of items.

How did you hear about Transformations and why would you like to volunteer here?

If you are volunteering through the courts for Diversion or to full fill Community Service requirements, please list your charges: _____

How many hours do you have to complete? _____

As a volunteer of Transformations Thrift Store, I understand that I will be volunteering at my own risk and that the organization, its employees & affiliates, cannot assume any responsibility for any liability for any accident, injury, or health problem which may arise from any volunteer work I perform at the organization. I agree that all the work I do is on a volunteer basis.

Office use only:

Diversion Community Service Give Pulse/UNL Local Church Affiliate Other