



Happy Dragon Thrift Shop

Volunteer Application

Name _____

Last	First	Middle
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Address _____

Home Phone _____ Cell _____

Email _____

Birthday (Month/Day only) _____

Emergency Contact (Name) _____

Preferred Day(s) - circle any/all that apply M T W TH F Sat Sun

Volunteer Retail/Business Experience:

Interests/Special Skills:

Why do you want to volunteer at Happy Dragon?

As a Happy Dragon Volunteer, I agree to work at least 3 shifts per month and will be consistent in my volunteer time commitment.

Signature _____ Date _____