



**ADORAY'S TREASURES FROM THE HEART  
VOLUNTEER APPLICATION**



**CONTACT INFORMATION**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (first, last, middle initial): \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: Preferred \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Text?  
 Yes  No

Work: \_\_\_\_\_

Regular or Temporary Volunteer:  Regular  Temporary (student, community service, etc.)

Email: \_\_\_\_\_  
(to receive Volunteer Newsletter and other Adoray correspondence)

Please check all that apply:

Baldwin Treasures  River Falls Treasures  Osceola Treasures

**PLEASE TELL US MORE ABOUT YOURSELF**

Availability:      Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Times Available: \_\_\_\_\_

Are you available to work on short notice?  Yes  No

List any service clubs, professional or trade groups, faith community or organizations that you belong to:

\_\_\_\_\_

Are you a veteran? If so, which branch of the Armed Forces did you serve?

\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



## ADORAY'S TREASURES FROM THE HEART VOLUNTEER APPLICATION



**Treasures: Check all that apply.**

|  |              |  |                    |  |                   |
|--|--------------|--|--------------------|--|-------------------|
|  | Books        |  | Check out/Register |  | Move furniture    |
|  | Cleaning     |  | Clothing           |  | Repair items      |
|  | Household    |  | Steaming           |  | Make/donate items |
|  | Linens       |  | Toys               |  | Odd/end jobs      |
|  | Knick Knacks |  | Antiques           |  | Other             |

**Mission of Adoray**

Partnering to improve the quality of life throughout serious illness wherever you call home.

**Mission of Treasures from the Heart - Retail with a Mission**

*Adoray's Treasures From The Heart* stores help raise funds in support of Adoray Home Health and Hospice patients in our communities.

**I Agree to the Following Terms & Conditions:**

- I have read and understand the mission statements of Adoray Home Health & Hospice and Treasures from the Heart.
  
- I agree to have items I wish to purchase priced by staff (if not already priced). I agree to have another volunteer or staff member check out my items at the register.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

**Background Check Application Complete:**     Yes     No

Adoray Orientation Date: \_\_\_\_\_

Store Orientation Date: \_\_\_\_\_