

= SINCE 1991 =  
THE SCRAP EXCHANGE  
CREATIVE REUSE ARTS CENTER  
2050 CHAPEL HILL RD.  
DURHAM, NC 27707



## Volunteer Application

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

Preferred Pronouns:  He/Him  She/Her  They/Them  Other: \_\_\_\_\_

Legal Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Program (if volunteering for a program): \_\_\_\_\_

\*\*\*Email of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hours Due Date: \_\_\_\_\_

### Shift Schedule:

Monday	_____	Notes	_____
Tuesday	_____		_____
Wednesday	_____		_____
Thursday	_____		_____
Friday	_____		_____
Saturday	_____		_____
Sunday	_____		_____

Store Preference:  Scrap Shop  Thrift Store  Both