



## **Position Title: Thrift Shop Volunteer Sales Associate**

**General Statement of Duties:** The volunteer will provide support for the operation of the Thrift Shop under the direction and supervision of the Thrift Shop Manager.

### **Functions:**

1. Transport priced merchandise from back room to sales floor.
2. Place merchandise with other merchandise per category.
3. Refresh merchandise racks; keep fitting rooms, cash register area, and overall sales floor orderly.
4. Greets and assists customers.
5. Process customer sales.
6. Reorganize merchandise as directed by the Thrift Shop Manager.
7. Be aware of promotions, special sale instructions with regard to pricing.
8. Monitor dressing rooms and sales floor to provide loss prevention.

### **Requirements:**

1. Attention to detail.
2. Understanding and acceptance of Coastal Hospice philosophy and policies.
3. Non-judgmental attitude; ability to relate to a variety of people.
4. Ability to maintain accurate records and files.
5. Effective communication skills, including sensitivity to non-verbal communication.
6. Ability to provide courteous customer service.
7. Knowledge of grief process.
8. Ability to work well with others.
9. Ability to maintain confidentiality about patients, families, donors, and other sensitive aspects of the organization.
10. Willingness to accept supervision.
11. Emotional maturity, stability and confidence.
12. Successful completion of the Coastal Hospice orientation and Thrift Shop training.
13. If using automobile for Coastal Hospice duties, a valid driver's license, and \$100,000/\$300,000 automobile liability insurance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Guidelines for Thrift Shop Volunteers**

Thrift Shop volunteers are asked to attend an orientation and training course. If an applicant has documentation of attendance in a similar program elsewhere, that training will be reviewed and may be accepted with the approval of the Manager of Volunteer Services and Thrift Shop Manager.

How to Apply:

Call the Coastal Hospice Thrift Shop Manager 410-641-1132 or the Volunteer Services office at 410-543-2590 to make an appointment. The duties, hours available, and other matters related to volunteering will be discussed during the interview.

Coastal Hospice offers:

- Opportunities for meaningful community service.
- Fellowship and fun at volunteer gatherings.

Volunteers will be asked to:

**Refrain from the use of alcohol and tobacco while on duty at the Thrift Shop.**

**Sign: Conflict of Interest, Confidentiality Agreement and Position Description.**

**Consent to a background check.**

**Notify the Thrift Shop Manager of any change of availability or extended times of absence.**

**Complete and return all record keeping forms promptly.**

**Wear a name badge (provided by Coastal Hospice) when on duty.**

**Provide their own transportation.**

**Provide proof of current driver's license, and current automobile insurance (if applicable).**

**Complete yearly updates and evaluation.**

**Turn off their cell phone and store with personal belongings in secured area while on duty.**

**Duties, Functions and Requirements of a Thrift Shop Volunteer are listed on the Thrift Shop Volunteer position descriptions.**

Assignments of Volunteers

**All volunteer assignments and scheduling for the Thrift Shop are made by the Thrift Shop Manager. The shop is located in the Berlin Shopping Center on Route 50 in Berlin, MD; phone number is 410-641-1132.**

# VOLUNTEER APPLICATION

## PERSONAL INFORMATION

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

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

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

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

We would like to recognize your birthday if you care to share the date \_\_\_\_\_

Notify in case of emergency: Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Referred by: \_\_\_\_\_

**If you possess a license, certificate or registration as a result of specialized education or training, please complete the following:**

Title: \_\_\_\_\_ License or Registration No.: \_\_\_\_\_ State: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Do you carry professional liability insurance? Yes  No

Have you ever been convicted of a felony? Yes  No

**OTHER WORK EXPERIENCE** (include paid and volunteer)

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION** (include continuing education or special training)

\_\_\_\_\_

**SPECIAL SKILLS** (foreign language, typing, hobbies, etc.)

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What hours and days are you generally available? \_\_\_\_\_

**The following information is needed to provide excess coverage over your personal insurance if you are using your vehicle while in the course of Coastal Hospice business:**

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Attach a copy of your auto insurance certificate, which states the limitations of coverage. Updated certificates must be furnished as issued.

**WORK PREFERENCE:** Please indicate the type of volunteer work you would like to perform at Coastal Hospice:

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**REFERENCES:** Please list three people we may contact.

I hereby authorize Coastal Hospice, Inc., to ascertain any and all information which may be pertinent to my volunteer duties. I release any individual from all liability for damages that may result to me on attempts of compliance or any attempts to comply with this authorization.

<i>Name</i>	<i>Mailing Address, Street, City, Zip</i>	<i>Phone #</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete and return to:**  
Judy Hunt-Harris, Manager of Volunteer Services  
Coastal Hospice & Palliative Care  
PO Box 1733  
Salisbury, MD 21802

# Initial Volunteer Survey

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

I would like the following phone number as my primary contact \_\_\_\_\_

We would like to recognize your birthday if you care to share the date \_\_\_\_\_

I am a Veteran      \_\_\_ Yes      \_\_\_ No

I am interested in the following (check all that apply)

- \_\_\_ **Clerical/Reception (choose any of the following locations)**
- \_\_\_ **Coastal Hospice Offices (Salisbury)**      \_\_\_ **Coastal Hospice at the Lake (Salisbury)**
- \_\_\_ **Coastal Hospice at the Ocean (Berlin)**
- \_\_\_ **Home Hospice Patient care** (including facilities such as nursing homes, group homes)
- \_\_\_ Assigned a patient for ongoing needs      \_\_\_ Prefer no children
- \_\_\_ Assigned a patient for single visit/short term      \_\_\_ Prefer non-smoking
- \_\_\_ Prefer no pets
- \_\_\_ **Coastal Hospice at the Lake (Salisbury)**      \_\_\_ Patient Care
- \_\_\_ **Thrift Shop (Berlin)**
- \_\_\_ **Transportation**      \_\_\_ I will travel outside the county in which I live
- \_\_\_ **Deliveries**      \_\_\_ I will travel outside the county in which I live
- \_\_\_ **Bereavement**      \_\_\_ phone calls      \_\_\_ letters
- \_\_\_ **Mailings**
- \_\_\_ **Office Assistance**      \_\_\_ computer      \_\_\_ phones      \_\_\_ filing
- \_\_\_ **Special Events** (Memorial Services, parties)
- \_\_\_ **Fundraising**      \_\_\_ **Public Relations** (Health Fairs)
- \_\_\_ **Hospitality** (prepare refreshments)      \_\_\_ **Gardening**
- \_\_\_ **Meal Preparation for Patients**
- \_\_\_ **Other** \_\_\_\_\_

**Please return survey with application. Thank you!**