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.)

______________________________________________________________________________

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:

______________________________________________________________________________

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.

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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
 ___Assigned a patient for single visit/short term
 ___Prefer no pets
 ___Prefer no children
 ___Prefer non-smoking

___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!