

# Well Read Books

19 Commercial St., Nanaimo, BC V9R 5G3

phone: (250)754-8988 . fax: (250)754-8114

Email: bookstore@lcv.ca

## Bookstore Volunteer Registration

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

First

Last

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Emergency No. \_\_\_\_\_

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

Volunteer Experience: \_\_\_\_\_

Retail / Bookstore Experience: \_\_\_\_\_

Retail Experience: Yes No

Cashier Experience: Yes No

Where: \_\_\_\_\_ Where: \_\_\_\_\_

### I would be available to help in the bookstore:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

I am available the following hours: \_\_\_\_\_

\_\_\_\_\_

I would be interested in volunteering for special events or fundraisers Yes No

### It is understood that:

1. I will participate in an orientation session.
2. I will be punctual and reliable as I understand that others are counting on me.
3. I will contact Literacy Central VI if I am unable to fulfil my obligation.

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

**Thank you very much!**

For office use only

Referral: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Resume: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Attached

Category preferred: \_\_\_\_\_