Tidal Creek Co-op Owner Volunteer Application

Date:_____ Are you a Co-op owner? Yes / No Owner Number: _____

Name:_____ Phone: _____

Address: _____ Emergency Contact: _____

_____ Emergency Number: _____

Email: _____

Best method and time to contact you: _____

Each month the volunteer opportunities are sent out via email. Please let the Volunteer Coordinator know if this method does not work for you and other arrangements can be made.

Type of Volunteer Opportunities you are most interested in: *Product Sampling* _____ *Tidal Creek Events* _____

Co-op Kids Program Events _____ *In-Store Education* _____ *Front-End Bagger* _____ *Outreach Events* _____

Other ideas or suggestions?_____

How many events or outreach opportunities would you like to work each month? _____

Days and times of volunteer events vary from month to month. Please indicate times you are usually available

Time of day _____ Days of the week _____

Have you ever volunteered with Tidal Creek before? _____ If yes, please tell us about it. _____

_____

Do you have any skills or experience you want to share with the Co-op? (ex: photography, education, customer service, gardening, technology, events, organization, etc.)_____

_____

_____

Please share any limitations that we should be aware of : (ex: allergies, transportation, physical restrictions, etc.)

_____

_____

Please tell us why you would like to volunteer at the Co-op. _____

_____

_____

How did you hear about the Owner Volunteer Program at Tidal Creek?_____

_____

Thanks for your interest in becoming part of the Tidal Creek Co-op Volunteer Team!

Please complete this form and return it to Tidal Creek Co-op.

Questions? Contact volunteer coordinator, Bethany Rogers at 910.799.2667 ext 214