

Co-op Volunteer Work Interest Information Form

Name: _____
Phone(s) _____ **Cell** _____
E-Mail: _____
Best Way to contact you: _____

We are in the process of forming 'teams' to do the work at the Co-op. Team members will be trained for jobs in a specific area according to their individual interests, skills and availability. Teams will then be given responsibility for certain work in that area. These areas include Cheese, Bulk Packaging & Shelving, Herbs & Spices, Produce, Supplements, Direct Order Receiving & Processing, and Office Work.

With the above in mind, we ask all who currently work or are interested in working, to complete the following questions in order to assist us in creating the teams. Mark-ups will be commensurate with level and amount of commitment, responsibility and skill required for the job(s).

1. What work have you done/are you currently doing at the Co-op? (cashier, bulk packaging, etc.)

2. What, if any, offices have you held/ currently holding? (Gen. Manager, Asst. Manager, Secretary, etc.)

3. Would you prefer to be part of a 'team' or do you prefer to work alone? _____ Or would you consider either? _____

4. Would you be interested in being trained as a team leader (communicating with team, insuring work is done properly, etc.)? _____

5. Would you be interested in being trained to be a cashier or manager? _____

6. Which of the areas would appeal to you (Cheese, Bulk Packaging & Shelving, Herbs & Spices, Produce, Supplements, Direct Order Receiving & Processing, Office Work, Other--please describe)? **Please list in order of preference.**
 - a. _____
 - b. _____
 - c. _____
 - d. _____

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7. How many hours per month do you wish to work? _____
8. Are you available at regular daily/weekly/monthly time(s) to work? Or are you only available to work on different days and/or at different times each month?

9. Please check all of the time periods you would be available/willing to work. We will attempt to create teams based on the available times of those interested in similar work areas.

- | | |
|---|---|
| <input type="checkbox"/> During store hours | Monday 9:30 am-2:30 pm |
| <input type="checkbox"/> During store hours | Friday 9:30 am-2:30 pm |
| <input type="checkbox"/> During store hours | Tuesday 3:00 – 7:30 pm |
| <input type="checkbox"/> During store hours | Thursday 3:00 – 7:30 pm |
| <input type="checkbox"/> During store hours | Saturday 9:30 am – 4:30 pm (Avail: _____) |
| <input type="checkbox"/> Special Team Work | Monday 2:00 – 6:00 pm |
| <input type="checkbox"/> Special Team Work | Friday 2:00 – 6:00 pm |
| <input type="checkbox"/> Special Team Work | Tuesday 9:00 am – 3:00 pm (Avail: _____) |
| <input type="checkbox"/> Special Team Work | Thursday 7:00 am – 3:00 pm (Avail: _____) |

10. Please check all of the time periods you would be available for attendance at monthly managers' meetings (90 min)?

- | | | | | |
|------------|--------------|--------------------------|-------------|--------------------------|
| Monday: | 5:00-6:30pm | <input type="checkbox"/> | 7:00-8:30pm | <input type="checkbox"/> |
| Tuesday: | 5:00-6:30pm | <input type="checkbox"/> | 7:00-8:30pm | <input type="checkbox"/> |
| Wednesday: | 5:00-6:30pm | <input type="checkbox"/> | 7:00-8:30pm | <input type="checkbox"/> |
| Thursday: | 5:00-6:30pm | <input type="checkbox"/> | 7:00-8:30pm | <input type="checkbox"/> |
| Saturday: | 8:30-10:00am | <input type="checkbox"/> | | |

11. Please provide any additional information that you feel would be helpful regarding work history or preferences: