The Shop @ Rowan University

Volunteer Application

Full Name: _____ **Banner ID**:_____
First *Last*

Email Address: _____

Phone: _____

Year at Rowan:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate Student

- ☐ Staff

- ☐ Community Member

How often are you interested in volunteering?

- ☐ Once a Week
- ☐ Once a Month
- ☐ Every other week
- ☐ Other_____
  __

Which of the following volunteer activities are you interested in?

- ☐ Stocking Shelves
- ☐ Greeting students and helping them understand health protocols
- ☐ Transporting items back and forth to the storage area
- ☐ Transporting donations from across campus
- ☐ Helping unload large deliveries when my time permits
- ☐ I have a car I would be willing to use for shopping or transporting donations around town
- ☐ Event Assistance/Donation Drives when my time permits
- ☐ I would be willing to come in one evening a week to open The Shop for a student that can't come during regular open hours

On the back of this sheet, or in the text of your email if you are emailing the application, please state the days and times of the week you would be available to volunteer.

Email completed form to: theshop@rowan.edu or deliver to The Shop during normal hours of operation. The Shop is located in the courtyard of the Rowan Boulevard Apartment Complex (Bldg 5, Room 141) which is behind the Rowan Boulevard Parking Garage. For questions, email The Shop Coordinator at theshop@rowan.edu.