



SOCIETY OF ST. VINCENT DE PAUL
PAYSON CONFERENCE
RETAIL STORE RULES AND REGULATIONS
JANUARY, 2014

1. All merchandise transactions must be recorded individually and rung up at the cash register. Receipts must be given for all purchases before merchandise is removed from the store. No merchandise being purchased from the store will be removed before it is paid in full.
2. All merchandise received from the processing center shall be priced immediately after the store delivery is completed. On-site donations must be priced as soon as possible at regular store prices and placed on the sales floor.
3. Store volunteers are permitted to purchase merchandise at the store location at which they are volunteering. Items that have been on the floor for 48 hours or more can be purchased with a 20% discount, if not already discounted or at whatever discount is being offered to the general public. These purchases must be made at the end of the volunteer's shift.
4. Each store volunteer may grant a discount or increase the posted discount for any merchandise within the guidelines defined by the store manager. All large merchandise must be on the sales floor for six (6) business days before discounts may be granted. A small discount may be granted by the store manager for these large items as part of the negotiating process.
5. All merchandise must be removed through the front door unless the store manager has made an exception for a large, bulky item.
6. At least one volunteer must be on the sales floor in the public area at all times (our recommendation is to have two volunteers, or camera recorder, on the floor at all times).
7. A donation receipt shall be given to any and all persons making monetary donations to the Society of St. Vincent de Paul at the retail store. The receipt is required to have a staff signature on it.
8. Store volunteers are encouraged to wear name badges, or other SVdP related clothing, at all times when on the sales floor.
9. Volunteers will provide the store's retail and Conference customers and donors with a high standard of customer service reflecting the Society's desire that everyone be treated with respect and dignity. This same respect and dignity is expected to be reflected in the interaction among volunteers as well.

10. Failure to follow the preceding procedures may result in action, up to and including a request that the volunteer not continue their association with the stores.
11. At the discretion of the Store Manager of our stores, an exception to any of these procedures may be made when it is deemed to be in the Society's best interest. The General Manager will be informed immediately of any exceptions that are made.



ACKNOWLEDGEMENT

This is to acknowledge that I have received a copy of the St. Vincent de Paul's Retail Store Rules and Regulations policy and agree to adhere to these policies while affiliated with the Society of St. Vincent de Paul in the role of volunteer member.

Volunteer name (print)

Signature

Date

**ST. PHILIP THE APOSTLE CONFERENCE
ST. VINCENT de PAUL THRIFT STORE BOLUNTEER APPLICATION**

Hello, we are so grateful that you are considering volunteering at St. Vincent de Paul. *Nothing we do would be possible without our volunteers.* There are many ways that your gift of time could be put to use in helping those in need by helping out at the Thrift Store. We encourage you to tour our facility to determine which of the many tasks might be of interest to you.

Please complete the application below, return it to the store, and we will get back to you to invite you to an orientation tour to discuss how we can move forward in matching your interests to one of our many volunteer opportunities. If you have any other questions you can call our office phone at (928) 474-4476.

NAME: First: _____ Last: _____ MI: _____

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____

IF PART-TIME RESIDENT, ALTERNATE ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

DATE OF BIRTH: _____

CHECK ITEMS BELOW: Please check as it pertains to you.

_____ I AM AN INDIVIDUAL VOLUNTEER AT LEAST 18 YEARS OLD

_____ I AM AN INDIVIDUAL VOLUNTEER UNER 18 YEARS OLD

_____ I REPRESENT A GROUP OR FAMILY WANTING TO VOLUNTEER

_____ I NEED COMMUNITY SERVICE HOURS:

SCHOOL: _____ **CHURCH:** _____ **WORK:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ **NO:** _____

IF YES, WHAT WAS THE FELONY? _____

PLEASE LET US KNOW ANY COMMENTS OR QUESTIONS YOU MAY HAVE:

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ **PHONE NUMBER:** _____

VOLUNTEER OPPORTUNITIES: Please check out our list of volunteer opportunities. Let us know what activities interest you. If you are interested in helping in some way that is not listed, please share that by selecting the other option. Tell us what you would like to do.

Customer Service: _____

Product floor display/design: _____

Product preparation & cleaning: _____

Electronic/Product testing: _____

Maintenance, repair, or construction: _____

Truck driving and merchandise collection or delivery: _____

Appliance repair for resale: _____

Cashier: _____

Advertising: _____

Other: _____

Not sure: _____

AVAILABILITY: Please indicate the days and hours you are available to serve the St Vincent de Paul Thrift Store Ministry:

Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

10:00 to 1:00 _____ 1:00 to 4:00 _____ Other: _____

Days per week: _____ **Days per month:** _____

Signature: _____ **Date:** _____