



2011 Working Member Application

Working Members contribute in a variety of ways including; (but not limited to) working in the Produce, Deli, Wellness or Admin Departments, attending health fairs, assisting class instructors, cleaning, administrative work, or with the Education, Outreach and Marketing Departments. **You MUST already be a Member-Owner in Sevananda in order to participate in this program.**

You are representing the best of Sevananda when you volunteer here and we're glad to have you!
The orientation for new working members is the first Monday of every month at 7 pm in the Ed. Room

DATE: ____/____/2011

NAME: _____

Email Address: _____

Home phone: _____

Cell phone: _____

Home Address: _____

Social Security Number: _____

(we do not give this information out)

Emergency contact name: _____

Ph # (____) _____ - _____

Why do you want to volunteer here? _____

What appeals to you about Co-ops? _____

Skills you bring to Sev: _____

Job Interests at Sevananda: _____

Date Available To Work: _____

Preferred Day: _____

Time: _____

Have you worked at a Co-Op before? -- Y/N (circle)

If yes, where? _____

Are you a former /current employee/ WM of Sevananda? Y/ N (circle) From: ____ To: ____

Why did you leave? _____

Please list two references including name and phone number

Personal: _____

Ph# _____

Work: _____

Ph# _____

Please submit completed application to the Customer Service Desk or email to SevMembership@gmail.com if you have further questions; please contact Holly (Members Services) at 404-681-2831 ext. 113

For Office Use Only

Orientation date: _____ Interviewer: _____

Department: _____ Shift Day: _____ Time: _____