



2010 Working Member Application

You MUST already be a Member-Owner in Sevananda in order to participate in this program.

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, administrative work, or with our Education, Outreach and Marketing Departments. You are representing the best of Sevananda when you work here.

**The orientation for new working members is the first Monday of each month at 7 pm in the Ed. Room. **

DATE: ___/___/2010

NAME: _____ Email Address: _____

Home phone: _____ Cell phone: _____

Home Address: _____

Social Security Number: _____ (we do not give this information out)

Emergency Contact Name and Phone: _____ Ph # _____

Skills you bring to Sev: _____ Job Interests: _____

Date Available To Work: _____ Preferred Day: _____ Time: _____

Have you worked at a Co-Op before? _____ If yes, where? _____

Are you a former or current employee 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 (Membership & Promotions Supervisor) at 404-681-2831 ext. 113.

For Office Use Only

Orientation date: _____ Interviewer: _____

Department: _____ Shift Day: _____ Time: _____