



# Thrift Store Ministry Visitation Survey

Store Name: \_\_\_\_\_ Manager: \_\_\_\_\_

Store Phone: \_\_\_\_\_ Manager Phone: \_\_\_\_\_

Store Email: \_\_\_\_\_ Manager Email: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Staffing: Number of paid employees \_\_\_\_\_ Number of volunteers \_\_\_\_\_

Average monthly gross income from sales: \$ \_\_\_\_\_

Actual or anticipated yearly contributions to community organizations: \$ \_\_\_\_\_

Actual or anticipated yearly financial assistance to individuals/families: \$ \_\_\_\_\_

1. Check the following merchandise your store offers for sales:

- Clothing
- Small household items
- Furniture
- Bedding
- Personal items (i.e., soap, lotions, etc.)
- Children's toys and games
- Books and tapes
- Electronics
- Sporting goods
- Food – specify \_\_\_\_\_
- Other – specify \_\_\_\_\_

2. What other services does your store offer the public?

- Food Distribution
- Referrals
- Housing Assistance
- Utility Assistance
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_