



NORTH

Main Location

2810 NW Green Oaks Boulevard
Arlington, TX 76012
817.299.9599

SOUTHEAST

5150 South Collins
Arlington, TX 76018
817.557.9111

SOUTHWEST

5904 Interstate 20 West
Arlington, TX 76017
817.563.6999

MANSFIELD

1024 E Broad, Suite 101
Mansfield, TX 76063
817.453.5551

METROPLEX MOBILE PREGNANCY CLINIC

817.299.9599

VOLUNTEER APPLICATION

ARLINGTON RESALE

**5910 Interstate 20 West
Arlington, TX 76017
817.478.SALE (7253)**

Hours:
Monday, Wednesday, Friday, Saturday - 10-6
Tuesday, Thursday - 10-7

ARLINGTON RESALE

**5100 South Collins
Arlington, TX 76018
817.465.SALE (7253)**

Hours:
Tuesday, Friday, Saturday - 10-6
Wednesday, Thursday - 10-7

ARLINGTON RESALE

5910 Interstate 20 West
Arlington, TX 76017
817.478.SALE (7253)

ARLINGTON RESALE

5100 South Collins
Arlington, TX 76018
817.465.SALE (7253)

Benefitting the



**METROPLEX
WOMEN'S CLINIC**

**METROPLEX
PREGNANCY CLINIC
MOBILE**



AMPC QR Code



Arlington ReSale
QR Code

**Proceeds from
ARLINGTON RE SALE AND ARLINGTON RE SALE TOO
benefit the
METROPLEX WOMEN'S CLINIC
METROPLEX MOBILE PREGNANCY CLINIC**

Thank you for your interest
in volunteering at

ARLINGTON RESALE

ARLINGTON RESALE 

Your service to the Stores is a blessing to this ministry.

We are a 501(c)3 Christian nonprofit ministry
supporting five locations of the Metroplex Women's Clinic/
Metroplex Mobile Pregnancy Clinic.

Twenty five percent of the budget each year for
MWC is generated by the Store's profits.
Your volunteering makes that possible.

Since you will be representing the Centers,
it is necessary that you:

- have a cheerful attitude
- display Christ-like actions
- express compassion & concern to everyone

If you are not able to display these mandates at this time,
please wait. You can volunteer at a later time.

WHAT WE NEED FROM YOU:

Please fill out this application and return it to us.
Be sure there are no empty blanks.
When the application has been processed and
you have been approved,
you will be called to volunteer.

Arlington ReSale Stores are owned and operated by
Metroplex Women's Clinic.

Thank you again!

Name _____

Address _____

City _____ ST _____ ZIP _____

Home # _____ Cell # _____

Emergency Contact and # _____

Email _____

Driver's License # _____

How did you hear about Arlington ReSale? _____

Church _____ B'day ___ / ___

I can volunteer (check all that apply):

Monday	_____ AM	_____ PM	_____ All Day
Tuesday	_____ AM	_____ PM	_____ All Day
Wednesday	_____ AM	_____ PM	_____ All Day
Thursday	_____ AM	_____ PM	_____ All Day
Friday	_____ AM	_____ PM	_____ All Day
Saturday	_____ AM	_____ PM	_____ All Day

I am volunteering because I feel God leading me here.
 Yes No

I am volunteering because of a court-ordered assignment.

Yes No Offense _____

If yes, please explain _____

I am volunteering to earn school community service hours.

Yes No School name _____

**I understand that a criminal background check will be
conducted using the information on this application.**

**I do not take illegal drugs and will not bring or consume
alcohol before or during my volunteer session.**

**I understand that I may be subject to a drug or alcohol
test while volunteering at Arlington ReSale.**

Signature _____ Date _____