



**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

**METROPLEX MOBILE PREGNANCY CLINIC**  
 817.299.9599

# VOLUNTEER APPLICATION

## ARLINGTON RESALE

**5910 Interstate 20 West**  
**Arlington, TX 76017**  
**817.478.SALE (7253)**  
 Hours:  
 Monday - Saturday - 10-6

## ARLINGTON RESALE

**5100 South Collins**  
**Arlington, TX 76018**  
**817.465.SALE (7253)**  
 Hours:  
 Tuesday - Saturday - 10-6

## 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



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



AMPC QR Code



Arlington ReSale  
 QR Code

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. 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 unable 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 on \_\_\_\_\_  
Day of week \_\_\_\_\_ Time \_\_\_\_\_

I am volunteering to earn school community service hours.

Yes  No School name \_\_\_\_\_

I am volunteering because of a court-ordered assignment.

Yes  No Offense \_\_\_\_\_

If yes, please explain \_\_\_\_\_

I was convicted of a felony?  Yes  No Date? \_\_\_\_\_

Reason: \_\_\_\_\_

**We will make a copy of your Driver's License or picture ID.**

**I understand that a criminal background check will be conducted using my DL & 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.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_