



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

817.299.9599

COMING SOON!

7603 US Hwy 257
Arlington, TX 76001
817.299.9599

ARLINGTON RESALE

5910 Interstate 20 West
Arlington, TX 76017

ARLINGTON RESALE

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

ARLINGTON RESALE

ARLINGTON RESALE

**VOLUNTEER
APPLICATION**



Proceeds benefit the



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. Fifteen 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 _____

Birthday ____ / ____ / ____

I can volunteer on _____
Day of week Time

I am volunteering to earn school community service hours.

Yes No School name _____

PLEASE NOTE:

At this time we do not take court-ordered assignments

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 _____