



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

7603 US Highway 287 North Frontage Road
Arlington, TX 76001
817.563.6999

ARLINGTON RESALE

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

ARLINGTON RESALE TOO

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

ARLINGTON RESALE³

7603 US Highway 287 North Frontage Road
Arlington, TX 76001
817.765.2161

ARLINGTON RESALE

VOLUNTEER APPLICATION



Proceeds benefit the



Thank you for your interest
in volunteering at

ARLINGTON RESALE

Your service is a blessing.

Metroplex Women's Clinic is a 501 (c)3 Christian nonprofit ministry. Arlington ReSale is owned and operated by MWC to assist families during a pregnancy and generate funds to provide client services.

VOLUNTEER POSITION

- Assist in preparing donations by sorting, sizing, tagging, displaying, and maintaining store appearance
- Serve as an ambassador for MWC by knowing our mission and program activities

REQUIREMENTS

- Volunteers serving alone (not with a church group) must be 14 years of age or older
- Volunteers age 9-13 may serve with a parent or guardian
- Church Groups need to schedule with our Volunteer Coordinator, Sharon Ingram @ 817.478.7253
- Display a cheerful, helpful, Christ-like attitude
- No revealing clothing or T-shirts with slogans (shorts must be moderate in length)
- Pass a background check (**currently we are not taking court assignments**)
- No alcohol or illegal drugs on the premises

LET'S GET STARTED!

If interested, please fill out this application and return it to us in person or email it to carolr@friendsofmwc.com.
Please be sure there are no empty blanks.

You will be contacted when your application has been processed.

Questions: Contact Sharon Ingram @ 817.478.7253

Name_____

Address_____

City_____ ST_____ ZIP_____

Home #_____ Cell #_____

Emergency Contact and #_____

Email_____

Driver's License #_____

How did you hear about Arlington ReSale?_____

Church_____ Birthday____/____/____

I represent a church group that would like to volunteer

I am an individual

I can volunteer on_____

Day of week

Time

I am volunteering to earn school community service hours

Yes No School name_____

I was convicted of a felony? Yes No

Date?_____ Reason:_____

Please attach 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_____