# ARLINGTON RESALE TOO

### **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)



Proceeds benefit



Thank you for your interest in volunteering at

# ARLINGTON RESALE or ARLINGTON RESALE TOO

Your service is a blessing.

Metroplex Women's Clinic is a 501 (c)3 Christian nonprofit ministry. Arlington ReSale & Arlington ReSale Too are 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 emilyd@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 #	Home # Cell #		
Emergency	Contact and	#	
Email			
Driver's Licer	nse #		
How did you	hear about ,	Arlington Res	Sale/ARToo?
•	l items online, booth? O Ye		rk at an antique or
Church		Birtho	day//
O I am an inc	dividual want eSale O Arling	ing to volun gton ReSale T	00
	eer on Day	of week	Time
	•		munity service hour
I was convic	ted of a felor	ny? O Yes O	No
Date?	R	eason:	
l under	ot take illegal drugs and	ackground check wi mation on this applic d will not bring or cor my volunteer session e subject to a drug or	ll be conducted using ation. Issume alcohol before 1. alcohol test while
Print Name_			
Sianature			Date