

**ARLINGTON RESALE  
ARLINGTON RESALE TOO**

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

**ARLINGTON RESALE TOO**

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

*Volunteer*  
Application

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 [gracet@friendsofmwc.com](mailto:gracet@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



Scan the QR Code to apply online

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ ST\_\_\_\_\_ ZIP\_\_\_\_\_

Home #\_\_\_\_\_ Cell #\_\_\_\_\_

Emergency Contact and #\_\_\_\_\_

Email\_\_\_\_\_

Driver's License #\_\_\_\_\_

How did you hear about Arlington ReSale/ARToo?

Do you resell items online, have or work at an antique or flea market booth? ☐ Yes ☐ No

Church\_\_\_\_\_ Birthday\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ I represent a church group that would like to volunteer

☐ I am an individual wanting to volunteer at:

☐ Arlington ReSale ☐ Arlington ReSale Too

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 or Arlington ReSale Too.

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

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