



**East Fort Bend Human Needs Ministry, Inc.
Tri-City Churches Resale Shop
Volunteer Information**

Name _____ DOB: MO/Day _____

Address _____

City, State, Zip _____ Home Phone _____

Work/Cell Phone _____ E-mail address _____

In case of emergency, please contact: _____

Emergency contact number: _____

Check which best describes you.

____ Adult (over 18 and/or not in school)

____ Student. If so what school do you attend? _____

I would like to volunteer to work in the following areas (check all that apply):

_____ Sorting _____ Warehouse _____ Floor _____ Other

I usually work on the following schedule:

_____ Every week _____ Every other week

_____ When called as substitute _____ During holidays/ seasonal
days available*

*Check days available to substitute: ___ Mon. ___ Tues. ___ Weds. ___ Thurs. ___ Fri. ___ Sat

How did you learn about us? Check all that apply.

___ Advertisement ___ School ___ Church* ___ Website ___ Fair ___ Friend

___ Relative ___ Walk-In ___ Other

***If you come as a volunteer from a local congregation or parish, please tell us which one:**

Thank you for your information and support! Your information will be kept on file.

Volunteer Signature _____ Date _____