



# EAST FORT BEND HUMAN NEEDS MINISTRY, INC.

## TRI-CITY CHURCHES RESALE SHOP

ResaleShop@HumanNeeds.org

### VOLUNTEER INFORMATION

Name \_\_\_\_\_ DOB: Mo/Day \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

In case of emergency, please contact:

Name of Contact: \_\_\_\_\_

Phone # of Contact: \_\_\_\_\_

When are you available to volunteer at the Resale Shop?

Weekly \_\_\_\_\_ Which day \_\_\_\_\_ Every other week \_\_\_\_\_

When called, as a substitute \_\_\_\_\_ Saturdays \_\_\_\_\_

Please tell us which volunteer position you prefer:

\_\_\_\_\_ Sorting \_\_\_\_\_ Pricing \_\_\_\_\_ Warehouse \_\_\_\_\_ Floor

Have you ever been a volunteer for the Resale Shop before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please tell us about your previous Resale Shop experience: \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Resale Shop? \_\_\_\_\_

If you come as a volunteer from a local church, please tell us which church you are representing:

\_\_\_\_\_

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

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