



**EAST FORT BEND HUMAN NEEDS MINISTRY, INC.  
TRI-CITY CHURCHES RESALE SHOP  
VOLUNTEER INFORMATION SHEET  
RESALESHOP@HUMANNEEDS.ORG**

Name \_\_\_\_\_ DOB: MO/Day \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

In case of emergency, please contact (give name and phone #) \_\_\_\_\_

I usually work on the following schedule:

\_\_\_\_\_ Every week      \_\_\_\_\_ Which Day      \_\_\_\_\_ Every week or every two weeks?

\_\_\_\_\_ When called, as a substitute      \_\_\_\_\_ During the holidays?

Please tell us which volunteer position you prefer:

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

I would be willing to sell Resale Shop items on eBay? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been a volunteer for the Resale Shop before? \_\_\_\_\_

Tell us briefly about your volunteer 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 \_\_\_\_\_

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