



...revive us, and we will call on Your name.
Psalm 80:18b

Volunteer Form

Today's Date: _____ How did you hear about r@vive? _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Personal Reference

Name of Friend/Pastor/Neighbor: _____ Phone: _____

Your Church Affiliation: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

Volunteering Options

What job(s) would you be interested in helping with? (Circle any)

Sorting Donations Pick Ups/Deliveries Cashiering Clothing Arranging Displays

Housewares Linens Shoes/Purses Floral Books/Media Holiday Medical Supplies

Pet Supplies Office Supplies Furniture Repairs Testing Electronics Toys/Games/Puzzles

Sporting Goods Bikes Repairs Scrap Metal Antiques eBay/Amazon/Craig's List Listings

Housekeeping Curbside (work from home) Other: _____

When are you available to volunteer? (Circle any that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

Mornings (appx. 8:30-12n) or Afternoons (appx. 1-3pm) or Evenings (appx. 4-7pm)

Health Concerns: _____

Birth Date: _____ School Class of: _____

Thank you for your willingness to volunteer at r@vive!

OFFICE USE:	03/20/24
Name Tag _____	
Database _____	
Constant Contact _____	
Circle: Volunteer or Customer	