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

Volunteer Form

Today's Date: _____________ How did you hear about revive? ________________________________

Name: ____

Address: ____

City, State, Zip: ____

Home Phone:____________________________ Cell Phone: ___________________________________

Email Address: ____

Personal Reference

Name of Friend/Pastor/Neighbor/Co-Worker: _________________________ Phone: ______________

Your Church Affiliation: ____

Emergency Contact Information

Name: ____

Relationship: __________________________________ Phone: ________________________________

Volunteering Options

Please check all the opportunities that interest you. *(* Indicates a scheduled volunteer position.)*

Customer Service
- □ Bagging
- □ Cashiering*
- □ Donation In-Take*

Sales Floor
- □ Clothing Restock/Attend Dressing Room Rack
- □ General Restock
- □ Straightening/Purging

Special Skills
- □ Electrical Testing
- □ Technology
- □ Bike Repairs
- □ Furniture Repairs/Cleaning
- □ Office Work*
- □ Online Selling
- □ Pick Ups/Deliveries
- □ Scrap Metal

Departments
- □ Accessories
- □ Antiques & Collectibles
- □ Baby Gear
- □ Books
- □ Clothing
- □ Crafts
- □ Floral
- □ Garden Pots
- □ Greeting Cards
- □ Hardware
- □ Health/Beauty
- □ Holiday/Christmas
- □ Housewares/Home Décor
- □ Jewelry
- □ Linens
- □ Luggage/Bags
- □ Media
- □ Medical
- □ Office Supplies
- □ Party Supplies
- □ Pet Supplies
- □ Purses
- □ Shoes
- □ Sporting Goods
- □ Toys/Games/Puzzles
- □ Wall Art

□ Other __________________

When are you available to volunteer? *(Check all that apply.)*

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday

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

Health Concerns: ____

Birth Date: __________________________ School Class of: _________

OFFICE USE: 7/17/2026
Name Tag ____
Work Zone ____
Database ____
Constant Contact ____
Volunteer or Customer

Thank you for your willingness to volunteer at revive!