



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

### Volunteer Information Sheet

Today's Date: \_\_\_\_\_ How did you hear about Revive? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Personal Reference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Church Affiliation: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

### Volunteering Options

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

Sorting Donations   Pick Ups/Deliveries   Cashiering   Arranging displays   Housewares

Testing electronics   Small repairs   Toys   Clothing   Linens   Shoes/Purses   Books/Media

Housekeeping   Other: \_\_\_\_\_

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

Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

Mornings   or   Afternoons

Health Concerns: \_\_\_\_\_

Birth Date: \_\_\_\_\_

***Thank you for your willingness to volunteer at Revive!***

<b>OFFICE USE:</b> Name Tag _____ Database _____ Constant Contact _____
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