



...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: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Personal Reference

Name: _____ 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 Repair Bikes 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 or Afternoons

Health Concerns: _____

Birth Date: _____

OFFICE USE:
Name Tag _____
Database _____
Constant Contact _____
COVID Form _____

Thank you for your willingness to volunteer at revive!