

RESALE WITH A PURPOSE
VOLUNTEER APPLICATION

We are seeking applicants who are professionally qualified, who really love helping people, and who, by the pattern of their lives, are Christian role models (Luke 6:40). We look forward to receiving your initial application. Thank you for your interest in the ministry of Resale with a Purpose. It is our prayer that God will fulfill God's perfect will in the lives of all applicants. Please type or print the following information. All answers should be complete as possible. Responses will be held in confidence

Date

_____ (____) _____

Full Name

Phone

Address City State Zip

Email

Which days are you able to volunteer ___ Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Sat

How many hours would you be willing to volunteer: _____ Which hours do you prefer? _____

Emergency Contact Information

Primary Contact Name

Relationship

(____) _____ (____) _____

Phone Number

Alternate Phone Number

Any additional information (medical conditions, allergies, etc.) we should know about in case of an emergency? _____

For Minors and Students

Age School Grade

Parent/Guardian Name

(____) _____

Parent/Guardian Phone Parent/Guardian Email

Any Questions or ready to start Volunteering Call Jan Ash at 281-255-1450