



Volunteer Application

Thank you for your interest in volunteering at AUM. Please mail, fax or email your completed application to: **701 Dugan St. Arlington, TX 76010**

FAX: 817.861.8898 jennifer.weber@arlurbmin.org

Name: _____ Date: _____

Address/City/Zip: _____

Phone/Cell: _____

Email: _____ Birthday Month/Day _____

Emergency Contact Name: _____ Phone: _____

Volunteer Opportunities (Please check all areas of interest)

___ Client Case Manager ___ Mission Office/computer data entry

___ Mobile Food Pantry-1st Wed. morning each month @ 2201 E. Park Row

___ Tarrant Area Food Bank pickup ___ Nu2U Donation pickup

___ Nu2U Sales Floor & Customer Service ___ Nu2U sorting and pricing donations

___ Yard/Building Maintenance ___ Other

What days/times are you available to volunteer? _____

List previous work/volunteer experience:

Personal References:

1. Name _____ Phone _____

2. Name: _____ Phone: _____

Have you ever been convicted of a crime? Y/N If yes, explain _____

For Office Use:

Interviewer/Date: _____

Volunteer Site & Assignment: _____

Schedule: _____