



MATTHEW'S CLOSET
VOLUNTEER APPLICATION

NAME: _____ DOB _____

ADDRESS _____

PHONE NUMBER _____

WHY DO YOU WANT TO VOLUNTEER AT MATTHEW'S CLOSET? _____

ARE YOU COMFORTABLE HANDLING MONEY & MAKING CHANGE? _____

WHAT DAYS AND TIMES ARE YOU AVAILABLE?

	MORNING (10:00 A.M. - 1:00 P.M.)	AFTERNOON (1:00 P.M. - 4:00 P.M.) *SATURDAY 12:00 P.M. - 3:00 P.M.
TUESDAY		
WEDNESDAY		
THURSDAY		
*SATURDAY		

PLEASE PROVIDE TWO REFERENCES THAT WE MAY CONTACT. NO RELATIVES PLEASE.

NAME	RELATIONSHIP	PHONE NUMBER