

Caring Closet Volunteer Information

Name _____

Your Organization (if applicable):

Contact Information:

1. Phone _____

2. Email _____

How did you find out about the Caring Closet?

Would you like to be contacted about additional volunteer opportunities at the Caring Closet?

What is the best way to contact you in the future?

**Thank you so much for joining us in this ministry
to reach our community with God's love!**