



Volunteer Application

DATE _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____ (Home) _____ (Work)

E-MAIL ADDRESS: _____

BIRTHDAY (MONTH/DAY ONLY): _____

EMERGENCY CONTACT: _____

How did you hear about LIFT-UP? _____

Any work experience or special skills you would like to share: _____

LIFT-UP Volunteer Departments (Circle job(s) you have interest in)

THRIFT STORE

Stocking/Display*
Cashier

DONATION CENTER

Receiving/Sorting*
Pricing/Stocking*
Pass-On Truck Loading*

FOOD BANK

Pick up at markets (a.m.)*
Client assistance (p.m.)
Stocking (p.m.)*
FBR truck unloading*

*These volunteer positions involve lifting.

Monday Tuesday Wednesday Thursday Friday Saturday

A.M.

P.M.

Help for the present... Hope for the future