



Volunteer Application

DATE: _____

NAME: _____

MAILING ADDRESS (CITY AND STATE): _____

TELEPHONE: _____ (Cell) _____ (Work)

E-MAIL ADDRESS: _____

BIRTHDAY (MONTH/DAY ONLY): _____

EMERGENCY CONTACT (NAME AND NUMBER): _____

How did you hear about LiftUp? _____

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

LiftUp Volunteer Departments (Circle job(s) you have interest in)

*These volunteer positions involve lifting

DONATION CENTER

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

THRIFT STORE

Stocking/Display*
Cashier

FOOD BANK

Food Pick Up*
Client assistance (p.m.)
Stocking (p.m.)*
FBR truck unloading*
Hoop House/Garden

Monday Tuesday Wednesday Thursday Friday Saturday
A.M.

P.M.

Help for the present... Hope for the future