



Volunteer Application

DATE: _____

Contact Information

NAME: _____

MAILING ADDRESS (INCL. CITY AND STATE): _____

TELEPHONE: _____ (Cell) _____ (Work)

E-MAIL ADDRESS: _____

BIRTHDAY (MONTH/DAY ONLY): _____

EMERGENCY CONTACT
(NAME AND NUMBER): _____

Help Us Get to Know You

How did you hear about LIFT-UP? _____

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

Do you need court-ordered Community Service hours? (circle one): YES NO # of Hrs _____

LIFT-UP Volunteer Departments

(Check 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.

Please return your completed application to LiftUp along with the background check forms (required by our insurance for all volunteers). If you have any questions, please contact our Volunteer Coordinator at volunteer@liftuprc.org or 970-870-0727.

Help for the present... Hope for the future