



# Volunteer Application

DATE: \_\_\_\_\_

## Contact Information

B5A 9 \_\_\_\_\_  
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](mailto:volunteer@liftuprc.org) or 970-870-0727.

*Help for the present... Hope for the future*