



Youth Volunteer Application

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ (Home) _____ (Cell)

E-MAIL ADDRESS: _____

BIRTHDAY (MONTH/DAY ONLY): _____

EMERGENCY CONTACT NAME: _____ **RELATIONSHIP:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ (Home) _____ (Cell)

E-MAIL ADDRESS: _____

PHYSICIAN: _____ **TELEPHONE:** _____

NAME OF SCHOOL: _____

CURRENT GRADE: _____

Describe any previous volunteer experience: _____

List community and school activities you are involved with: _____

How did you hear about LiftUp: _____

LIFT-UP Volunteer Departments

(Circle job(s) you have interest in)

THRIFT STORE (12+ years)

Stocking/Display*
Cashier

DONATION CENTER (16+ years)

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

FOOD BANK (13+ years)

Trash/Clean-up
Stocking (p.m.)*
TEFAP Prep
Dog Food

*These volunteer positions involve lifting.

SCHEDULE: Please indicate the days that you are available to volunteer on a regular basis.

Monday Tuesday Wednesday Thursday Friday Saturday

A.M.

P.M.

FOR STUDENTS UNDER AGE 18, A PARENT/GUARDIAN SIGNATURE IS REQUIRED.

YES A minor, _____, is applying for a volunteer position with LiftUp of Routt County. Part of the screening process for these positions includes a background check. As the parent or legal guardian of the above-referenced minor, I understand the purposes of these checks and hereby provide my consent for the background checks conducted through Asurint.

Parent/Guardian signature: _____

Relationship to minor: _____

Date: _____

YES I hereby agree to enter into a volunteer relationship with LiftUp and acknowledge that there is no length of service at LiftUp. I certify that the information that is provided on this application is complete and true. I further acknowledge falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal.

Applicant signature: _____

Date: _____

YES I give permission for _____ to volunteer at LiftUp. I agree that LiftUp may use photographs with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Parent/Guardian signature: _____

Date: _____

Please return your completed application to *Attn: LiftUp Routt County Office*. All applicants are reviewed and if selected for further consideration, you will be contacted for an interview.