



Youth Volunteer Application

DATE: _____

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Cell) _____ (Home) _____ (Message) _____

E-MAIL ADDRESS: _____

BIRTHDAY (MONTH/DAY ONLY): _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Cell) _____ (Home) _____

PHYSICIAN: _____ TELEPHONE: _____

NAME OF SCHOOL: _____ CURRENT GRADE: _____

Describe any previous volunteer experience: _____

List community and school activities in which you are involved: _____

How did you hear about LiftUp: _____

LIFT-UP Volunteer Departments

(Circle job(s) for which you have an interest)

THRIFT STORE

9 am-5pm M-F, 9-4 Sat
Stocking/Display*

DONATION CENTER

9 am-5 pm Mon-Fri
Receiving/Sorting*
Pricing/Stocking*
Pass-On Truck Loading*

FOOD BANK

9 am-5 pm Mon-Fri
Grocery Rescue (a.m.)*
Client assistance (p.m.)
Stocking (a.m., p.m.)*
Food truck unloading* (a.m.)
Community Garden* (Spring, Summer, Fall)

Hayden Center FB
Oak Creek FB
North Routt FB

*These volunteer positions involve lifting.

Monday Tuesday Wednesday Thursday Friday Saturday

(Please mark the times you ARE available for a volunteer shift, within hours listed above for departments)

A.M. _____

P.M. _____

(OVER>>>>>)

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 LiftUp along with the background check forms (required by our insurance for all volunteers). If you have any questions, please contact the Director of People at volunteer@liftuprc.org or 970-875-3447.

Please return your completed application to volunteer@liftuprc.org. All applicants are reviewed and, if selected for further consideration, you will be contacted for an interview. Or contact: Director of People 970-875-3447