



Volunteer Application

DATE: _____

Contact Information

NAME: _____

MAILING ADDRESS (INCL. CITY AND STATE) (AND STREET ADDRESS IF DIFFERENT):

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

E-MAIL ADDRESS: _____

BIRTHDAY (MONTH/DAY ONLY): _____

EMERGENCY CONTACT (NAME, NUMBER, RELATIONSHIP (as spouse, partner, mother):

Help Us Get to Know You

How did you hear about LIFT-UP? _____

Any work experience or special skills and interests you would like to share?

Do you need court-ordered Community Service hours? YES _____ NO _____ # Hrs _____ by date _____
(Please complete a Community Service Volunteer application!)

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 BANKS

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

*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. _____

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.

Help for the present... Hope for the future