

Lyons Emergency & Assistance Fund (LEAF)
VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

E-mail Address: _____



Applying for (check any that apply) __ Food Pantry __ Meals on Wheels __ Other (please specify)

Emergency Contact: _____

Phone: _____

Speaks Reads Writes
ENGLISH

Speaks Reads Writes
SPANISH

Speaks Reads Writes
OTHER _____

Do you have any physical limitations we should be aware of: ____ NO ____ YES

If YES, please explain:

Do you have any medical or health problems we should be aware of: ____ NO ____ YES

If YES, please explain:

Have you ever been convicted of a felony: ____ NO ____ YES

If YES, please explain:

Birthdate: ____/____/____ (required for background check) Background check completed _____.

As a volunteer, I agree to abide by LEAF's policies and procedures. I understand that I will be volunteering at my own risk and that LEAF, its employees and affiliates, cannot assume any liability for any accident, injury or health problem which may arise from any volunteer work I perform. I understand that my volunteer role may have physical components, including but not limited to lifting heavy boxes and other items, bending over to pick up boxes or items, and opening or cutting into boxes. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I also understand that I will need to undergo a criminal background check.

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

To volunteer at Lyons Community Food Pantry, please email completed application to foodpantry@leaflyons.org.
To volunteer at Lyons Meals on Wheels, please email completed application to mealsonwheels@leaflyons.org.
Questions? Email info@leaflyons.org.