

**Lyons Emergency & Assistance Fund (LEAF)
VOLUNTEER APPLICATION**



Date: _____
Name: _____
Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____
Email: _____

Emergency Contact: _____ Phone: _____

Speaks Reads Writes Speaks Reads Writes Speaks Reads Writes
ENGLISH SPANISH 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 of this organization, I agree to abide by the policies and procedures as outlined in the Volunteer Handbook. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I understand that my volunteer role may have physical components to it, 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: _____

NAME of Volunteer under 18 years old. _____

PARENT/GUARDIAN SIGNATURE _____