



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

Date: _____

Name: _____

Address: _____

Mailing Address: _____

Phone(s): _____

Email: _____

Emergency Contact w/ Phone: _____

Where would you like to volunteer? Food Pantry ____ Meals on Wheels ____ Other ____

Please specify: _____

Speaks Reads Writes
ENGLISH

Speaks Reads Writes
SPANISH

Speaks Reads Writes
OTHER _____

Do you have any limitations, 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 LEAF volunteer, I agree to abide by the policies and procedures as outlined in LEAF’s 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 may need to provide a copy of my driver’s license, provide proof of auto insurance, and undergo a criminal background check.

SIGNATURE: _____

PRINTED

NAME: _____ **DATE:** _____

NAME of Volunteer under 18 years old: _____

PARENT/GUARDIAN SIGNATURE _____

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LYONS EMERGENCY & ASSISTANCE FUND (LEAF) CONFIDENTIALITY STATEMENT

It is Lyons Emergency & Assistance Fund’s (LEAF) policy to maintain confidentiality of clients and donors. Board members and volunteers from time to time may have privileged access to sensitive and/or proprietary information about current, prospective, or past clients or donors. Board members and volunteers must agree to keep all such information in strict confidence and to take prudent measures to protect and secure information, data, and documents from unauthorized use. This includes, but is not limited to, such information as identification, personal information, description, and participation in various programs. All documents containing sensitive information shall be returned to designated representative or destroyed.

By signing this agreement, I agree to keep confidential all such information referred to in this statement and I further understand that maintaining the utmost confidentiality in all situations for all people is a requirement of my volunteer role.

PRINTED NAME OF VOLUNTEER _____ DATE _____

SIGNATURE OF VOLUNTEER _____



LYONS EMERGENCY & ASSISTANCE FUND PHOTO & VIDEO RELEASE

I authorize Lyons Emergency & Assistance Fund (LEAF), to publish or use photographs or video taken of me for use in the LEAF's print, online and video-based materials, as well as other LEAF publications.

I hereby release and hold harmless LEAF from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release LEAF, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

This authorization shall remain in effect for the duration of my participation at LEAF.

Printed Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Signature: _____

Date: _____

To volunteer at the Food Pantry, email completed application to foodpantry@leaflyons.org.

To volunteer at Meals on Wheels, email completed application to mow@leaflyons.org.

For other opportunities, email completed application to info@leaflyons.org.

EXAMPLE VOLUNTEER OPPORTUNITIES @ LEAF

**Please note: Volunteer needs change frequently! These positions may not be available. We'll do our best to find a role for you or to hold your application until a new need opens up.*

LYONS COMMUNITY FOOD PANTRY

How to sign up:

- Send mail to foodpantry@leaflyons.org to inquire about current volunteer opportunities.
- Complete pp 1-3 of this volunteer application packet online and email to foodpantry@leaflyons.org. Or print and complete it, and email it to foodpantry@leaflyons.org.

The needs:

COMMUNITY FOOD SHARE SHOPPER

- 3-4 hour time commitment on Tuesdays
- Drive the LEAF vehicle to/from Community Food Share in Louisville, must meet requirements to drive LEAF vehicle
- Selects food items, loads and unloads food products, able to lift 50+ pounds

SHOPPER ASSISTANT

- 3 Hour time commitment on Tuesdays
- Assists loading and unloading food from Community Food Share, able to lift 50+ pounds

WEDNESDAY MORNING VOLUNTEER

- 1 ½ hour time commitment on Wednesday morning
- Sets up Food Pantry as a grocery store at LEAF
- Able to lift 40 pounds

WEDNESDAY AFTERNOON VOLUNTEER

- 2 hour time commitment on Wednesdays
- Assists clients with food pantry selections and breaks down Food Pantry

RECEPTIONIST

- Wednesdays 9:30am to 2:30pm
- Opens and sets up at LEAF to welcome clients and walk-ins, posts signs, and makes the facility ready for Pantry and appointments with Executive Director
- Accepts food donations
- Able to lift 40 pounds

LYONS MEALS ON WHEELS

How to sign up:

- Call or text Lyons Meals on Wheels at 720-310-8479 or email mow@leaflyons.org to inquire about current volunteer opportunities.
- Complete pp 1-3 of this volunteer application packet online and email to mow@leaflyons.org. Or print and complete it, and email it to mow@leaflyons.org.

(LYONS MEALS ON WHEELS CONTINUED)

The needs:

WEEKDAY DRIVERS

- 2-3 hour time commitment, approximately 10am to 12:30pm
- Drives to Longmont Meals on Wheels, picks up meals, delivers hot meals and warm “hellos” to all clients

SUBSTITUTE DRIVERS

- Fill in as needed
- 2-3 hour time commitment, approximately 10am to 12:30pm
- Drives to Longmont Meals on Wheels, picks up meals, delivers hot meals and warm “hellos” to all clients

LYONS VOLUNTEERS

How to sign up:

- Email lyonsvolunteers@gmail.com to inquire about current volunteer opportunities and to join the team mailing list.

The needs:

VOLUNTEER PROJECT SUPPORT

- Respond to emails from team leaders when available and qualified to participate in a LoV project

VOLUNTEER PROJECT PLANNING, SCHEDULING, OR LEADERSHIP

- Respond to emails from team leaders when available and qualified to plan, schedule, or lead a LoV project

OTHER VOLUNTEER OPPORTUNITIES AT LEAF

How to sign up:

- Email info@leaflyons.org to express interest and inquire about current volunteer needs.

The needs:

GRAPHIC DESIGN, MARKETING, SOCIAL MEDIA SUPPORT

EVENT PHOTOGRAPHY, VIDEOGRAPHY

HOSTING EVENTS

EVENT SUPPORT

ONE-TIME NEED (organize an event, a food drive, help with Holiday Giving Tree, Super Duper Holiday Food Pantry, Thanksgiving Pantry, etc.)

SERVE ON A COMMITTEE (events, finance, Rave To The Grave, etc.)

HELP MAINTAIN LEAF'S SPACE

BILINGUAL (SPANISH-ENGLISH) OUTREACH SUPPORT

SERVE ON LEAF'S BOARD OF DIRECTORS

CREATE AND MAINTAIN A LIBRARY BOOKSHELF ON WEDNESDAYS FOR CHILDREN OR GRANDCHILDREN OF FOOD PANTRY CLIENTS

OTHER (please specify)