



**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.

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PRINTED NAME OF VOLUNTEER \_\_\_\_\_ DATE \_\_\_\_\_

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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: \_\_\_\_\_

## **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](mailto:foodpantry@leaflyons.org) to inquire about current volunteer opportunities.
- Complete the volunteer application packet. Or download the application packet from [leaflyons.org](http://leaflyons.org), complete it, and email it to [foodpantry@leaflyons.org](mailto: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](mailto:mow@leaflyons.org) to inquire about current volunteer opportunities.
- Complete this volunteer application packet. Or download it from [leaflyons.org](http://leaflyons.org), complete it, and email it to [mow@leaflyons.org](mailto: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](mailto: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](mailto: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)