



**Volunteer Application Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate (Optional): \_\_\_\_\_

Gender:      Male              Female

Parent/Guardian Full Name: \_\_\_\_\_  
(If Volunteer is under the age of 18)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Lift Up Hemi - Inc.?

Friend      Co-Worker      Facebook      Internet      Other: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

- I understand that my role at Lift Up Hemi – Inc. is terminable at will, either by Lift Up Hemi - Inc. or me, regardless of the length of my volunteering.
- I understand all fundraising events will be approved prior to operation and all outreach material that will be used to promote this event will also be.
- I understand any purchases for the fundraising event MUST be pre-approved and if it is not they will NOT be refundable.



- I understand that any and all funds received in donation and sales will be turned into Lift Up Hemi - Inc. immediately following event. A money order can be obtained at your local post office for \$1.00 and funds can be mailed to Lift Up Hemi - Inc. at 5 Homestead Drive, Cortland NY 13045 or if you have a local Citizens Bank you can make the deposit at the bank. This arrangement should be made prior in the event approval form.
- I understand that Lift Up Hemi - Inc. will not reimburse for any out of pocket expenses that are not pre-approved. Any out of pocket expenses must have a re-imbusement form filled out and again prior authorization for these items or costs.
- I give permission for any photograph, video or audio of myself, obtained during volunteer activities, to be used in informational material and for publicity, training and promotional purpose without compensation for Lift Up Hemi - Inc.
- I understand that any misrepresentation of Lift Up Hemi - Inc. will not be tolerated. By signing this form I agree that the statements and conditions above are true and correct.

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Applicant's Signature

Date

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Parent/Guardian Signature  
(If Volunteer is under the age of 18)

Date

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Board Member Signature

Date