

PROJECT LIFT  
1334 S.W. 34th Street  
Palm City, FL 34990  
(772) 221- 2244  
[www.projectliftmc.com](http://www.projectliftmc.com)



# VOLUNTEER APPLICATION

"Great things are brought about and burdens are lightened through the efforts of many hands anxiously engaged in a good cause." - Elder M. Russel Ballard

*Our Mission: Dedicated to improving the lives of youth and their families through substance abuse treatment, mental health counseling, mentoring and vocational skills training*



## Your Contact Information

First Name

Last Name

Suffix

Home/Local Mailing Address

City

State

Zip

Are you a seasonal resident?  If yes, what months are you at the local address? \_\_\_\_\_

Please send my mail to:  Home/Local Address

Business/Secondary Address

Business/ Secondary Mailing Address

City

State

Zip

Home Phone:

Cell Phone:

Work/Alternate Phone:

Email Address:

# About You

How did you hear about Project LIFT? \_\_\_\_\_

## Your Availability to Volunteer:

- Weekday mornings
- Weekday afternoons
- Only certain days of the week. If so which days? \_\_\_\_\_
- Only certain hours of the week. If so which times? \_\_\_\_\_
- Special Events (Weekends mostly, dates to be determined)

## Your Areas of Interest

Check in which areas you are interested in volunteering?

- Skilled Tradesman:
  - Auto Repair
  - Boat Building/Repair
  - Skilled Carpentry
  - Bicycle Repair
  - Welding
  - Screen Printing
  - HVAC
- Sewing & Upholstry
- Graphic Arts
- Agriculture
- Educator/Tutor
- Administrative/Office Support
- Clerical/Mailings
- Driver
- Building Maintenance
- Meal Donation/Preparation

Please describe other ways you may wish to volunteer if not listed above:

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# Skills You Possess

## Skilled Trades/Hobbies/Interests:

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- Computer Skills
  - Database management
  - Quickbooks
  - Word
  - Power Point
  - Publisher
  - Excel
  - Programming/Building databases
  - Photoshop
  - IT Support
- Supervisory - Number of People \_\_\_\_\_
- Merchandising (Sales/Retail)
- Facility Maintenance
- Logistics/Warehouse
- Forklift Operator
- Fundraising Solicitation
- Event Planning
- Corporate Sponsorship Recruitment
- Leadership/Board Member

Do you speak a second language?

- Spanish
- French
- Creole
- German
- Italian
- Other

# Volunteer Experience

Organization Name                      City/State                      Dates (To-From)

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Volunteer Duties:

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Organization Name                      City/State                      Dates (To-From)

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Volunteer Duties:

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Organization Name                      City/State                      Dates (To-From)

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Volunteer Duties:

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## Education & Specialized Training - Begin with Most Recent

Institution                      City/State                      Degree/Major

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Institution                      City/State                      Degree/Major

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Institution                      City/State                      Degree/Major

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# Volunteer Assessment Tool

Mark the statement that most closely matches your preference, most of the time.

**THERE ARE NO WRONG ANSWERS!!!**

- 1)  When doing a job, I prefer to have specific goals  
 I prefer to work alone, and I am eager to be my own boss  
 I feel a little uncomfortable when forced to work alone
- 2)  I go out of my way to make friends to make friends with people  
 I enjoy a good debate  
 After starting a task, I am not comfortable until it is completed
- 3)  I enjoy offering advice to others  
 I prefer to work in a group  
 I get satisfaction from seeing tangible results from my work
- 4)  I work best when there is some challenge involved.  
 I would rather give direction than take direction from someone else  
 I am sensitive to others - especially when they are mad
- 5)  I like being able to influence decisions  
 I accept responsibility eagerly  
 I try to get personally involved with my superiors
- 6)  I place importance on my reputation or position  
 I have a desire to outperform others  
 I am concerned with being liked and accepted
- 7)  I enjoy and seek warm friendly friendships  
 I attempt complete involvement in a project  
 I want my ideas to predominate
- 8)  I desire unique accomplishments  
 It concerns me when I am being separated from others  
 I have a desire to influence others
- 9)  I think about consoling and helping others  
 I am verbally fluent and persuasive  
 I am restless and innovative
- 10)  I set goals and think about how to attain them  
 I think about ways to change people  
 I think a lot about my feelings and the feelings of others

# Person to Notify in Case of Emergency

Name:

Relationship:

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Home/Local Mailing Address

City

State

Zip

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Home Phone ( )

Cell Phone ( )

Work/Alternate Phone ( )

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Are you volunteering to satisfy court-ordered community service?

Yes

If yes, please explain charges:

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# if hours needed \_\_\_\_\_

By this Date: \_\_\_\_\_

PO Name:

PO Phone Number : ( )

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Are you volunteering to satisfy any academic or scholarship requirement?

Yes

If yes, please explain:

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# if hours needed \_\_\_\_\_

By this Date: \_\_\_\_\_

Answering "Yes" to the questions below will not necessarily disqualify an applicant.

Have you been convicted of a crime within the past seven years?

Yes

Is it necessary to limit your physical activity?

Yes

Have you ever been discharged or asked to resign from your job or volunteer position?

Yes

If you answered "Yes" to any of the above questions, please explain:

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# Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that all information obtained during my involvement with Project LIFT will remain confidential. I understand that false statements or omission of facts called for on this application are a basis for dismissal as a volunteer regardless of when they are discovered. I understand that I am not applying for employment, but rather a volunteer position that can be terminated at any time by me or Project LIFT. I understand that I may be asked to complete a background check before starting my volunteer service with Project LIFT.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application from and for your interest in volunteering with us.

**Name: (Please Print)**

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**Signature**

**Date:**

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**If under 18 years of age, a parent, guardian or responsible adult must provide approval**

**Parent Name: (Please Print)**

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**Parent Signature**

**Date:**

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# Volunteer Liability Waiver

I, the above listed and undersigned volunteer ("I" or "Volunteer" ), desire to work as a volunteer for the Project LIFT, a Florida non-profit corporation.

I hereby voluntarily execute this Volunteer Liability Waiver under the following terms:

I hereby release and hold harmless Project LIFT, its successors and assigns, officers, directors and employees, from any and all liability, claims, losses, damages and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Project LIFT.

I understand that this waiver discharges Project LIFT from any liability or claim that I may have against Project LIFT with respect to bodily injury, personal injury, illness, death, or property damage that may result from my work with Project LIFT. I also fully understand that Project LIFT does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I hereby release Project LIFT from any claims whatsoever which arise or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with Project LIFT.

I understand that my time with Project LIFT may include various activities which may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release Project LIFT from all liability for injury, illness, death, or property damage resulting from the activities during my time with Project LIFT.

I grant unto Project LIFT all right, title, and interest in any and all photographic images and video or audio recordings that are made by Project LIFT during my work here, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this waiver shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this waiver, which shall continue to be enforceable.

**By signing and submitting this waiver, I understand I am agreeing to the Volunteer Liability Waiver above.**

**Name: (Please Print)**

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**Signature**

**Date:**

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**If under 18 years of age, a parent, guardian or responsible adult must provide approval**

**Parent Name: (Please Print)**

---

**Parent Signature**

**Date:**

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# Confidentiality Agreement for Employees and Volunteers

The purpose of this agreement is to set forth the understanding of the employees and volunteers of Project LIFT, Inc. "LIFT", with respect to confidentiality of activities, position and services within the organization constitute Proprietary Information of LIFT. As an employee or volunteer you agree that access to such Proprietary Information within the LIFT is subject to the following terms and conditions:

- 1) "Proprietary Information" includes, but is not limited to financial, accounting, marketing, human resources, payroll, donor and other business information relating to LIFT operations. Both written and verbal subject matter shall be deemed to be proprietary.
- 2) The employee or volunteer agrees to maintain LIFT proprietary information in total confidence and will not use such information for him/herself, nor will he/she disclose such information to others without prior LIFT management approval.
- 3) The employee or volunteer agrees that all such proprietary information shall remain the exclusive property of LIFT and will be protected by the employee or volunteer with the same degree of care that it observes or would observe with its own proprietary information.
- 4) The employee or volunteer agrees that all LIFT equipment whether on LIFT property or at home or an alternative location is the exclusive property of Project LIFT and upon termination of employment or volunteer services, or request from LIFT during such time of association with LIFT shall be returned in the same operable condition as it was received.
- 5) In order to preserve the integrity of everyday operations, due to the sensitive nature of this material, the employee or volunteer agrees that information accessed while with LIFT is **completely confidential and that any breach of confidential information at any time could be grounds for termination of employment or volunteer services from Project LIFT.**
- 6) The above agreement will apply to any employee and all volunteers during their employment and association with Project LIFT.

I acknowledge that I have received and read my personal copy of the Project LIFT Confidentiality Agreement. I understand that I am responsible for adhering to the principles of the Confidentiality Agreement and I confirm that I will conduct myself in accordance with the principles of the Confidentiality Agreement. The certificate process is mandatory for all Project LIFT employees and volunteers.

Name: (Please Print)

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

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