



DREAM IT. FUND IT.

Launching Entrepreneurs for 20 Years

Volunteer Information

Name: _____

Education & Professional Background: (Universities, Work experience, & job history/position)
(* Please attach resume)

Volunteer / Dates Requested -Start: _____ End: _____

Purpose of volunteer service (check one)

to acquire credit hours community service required by academic curriculum/ other

How did you learn about LiftFund?

Do you have reliable transportation? _____ City/State Volunteering In: _____

Briefly describe why you want to be a volunteer at LiftFund?

What do you hope to achieve as a result of your volunteer work at LiftFund?

Hourly Rate of Volunteer Time: Hours a week/month: _____

Personal Contact Information: phone number(s), address, email contact: _____

Emergency Contact(s) Information: phone number(s), address, email contact:

Any allergies, medical complications? Or other items we should be aware of?

Volunteer Non-Disclosure and Responsibility Agreement

As a volunteer representing LiftFund, I understand and agree to the following:

- I am provided with information in strict confidence to enable me to perform my functions as a volunteer.
- I will not share this information outside LiftFund personnel acting on behalf of LiftFund.
- I will ensure the information I receive is kept safe and secure from any unauthorized access, which includes preventing access to my computer files, paper files or other media which contain LiftFund data.
- Once my tenure as a volunteer is complete, I will destroy all electronic copies and shred all paper copies of the data I have received.
- Failure to comply with these guidelines will result in the forfeiture of your Liftfund volunteer rights.

This agreement will remain in LiftFund's central files during your tenure as a volunteer.

Agreed and accepted this _____ day of _____, year _____

Signing for LiftFund

Print Name _____

Signature _____

Position/Title _____

Volunteer for Liftfund

Print Name _____

Signature _____

Volunteer type _____