

---

## PERSONAL ASSESSMENT

Please describe your spiritual growth in the past year:

---

---

---

Describe your family:

---

---

---

What current ministries or activities are you involved with at your church?

---

---

---

What three personal strengths and weaknesses do you bring to LiftedUp?

Strengths

Weaknesses

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

List the NAMES and PHONE NUMBERS of 3 people who have known you at least 5 years. (No family members.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name and phone number of your pastor: \_\_\_\_\_

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge.

---

Print Name

---

Signature

---

Date



**LiftedUp**  
 22344 SW Main St  
 Sherwood, OR  
 97140-9416  
 (503) 799-5381



# VOLUNTEER APPLICATION

**Instructions:** *Please Print CLEARLY.* We do read and evaluate your responses.

\_\_\_\_\_  
 Date Drivers License # Social Security #

\_\_\_\_\_  
 Last Name First Name Gender Birth date

\_\_\_\_\_  
 Street Age Marital Status

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

\_\_\_\_\_  
 Your Occupation Number of years

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Home Phone Cell Phone

Have you received certification in the following?:  CPR  First Aid  Nurse  EMT

Have you worked with or associated with foster children this past 5 years?  No  Yes

In what way: \_\_\_\_\_

Please briefly describe why you wish to be a LiftedUp Volunteer.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTINUE ON BACK**