

VOLUNTEER APPLICATION FORM

If returning by mail, please return this form to:
KIDS WITH COURAGE

P.O. Box 7034
Lee's Summit, MO 64064-7034
816.478.0253

If you would like to participate in Kids With Courage volunteer opportunities, please fill out this form so we can let you know about volunteer opportunities that might interest you. You can submit this form by mail. For questions, or inquiries, please call us at 816.478.0253

ABOUT YOU

Name: First, Middle, Last

Home Address:

City:

State:

Zip:

E-mail Address:

May we send correspondence via email, on occasion?
 Yes No

Home Phone:

Cell Phone:

Sex: M F (Please circle) Age: _____

Date of Birth: ____/____/____

Hobbies and interests:

In case of emergency, who should we contact?

Name:
Phone:

Relationship:

PROFESSIONAL INFORMATION

Occupation:

Employer:

Work Phone:
Work E-mail:

VOLUNTEER INFORMATION

What types of volunteer opportunities interest you? Representing **Kids With Courage** at Community Events Planning/Supporting Fundraising Events

Office Board Member Other _____

Do you have volunteer experience? Yes No *If yes, please list.*

Organization Name: _____

Address: _____

City, State and Zip Code: _____

Supervisor's Name and Title: _____

Telephone No.: _____ Dates of Service: _____

Organization Name: _____

Address: _____

City, State and Zip Code: _____

Supervisor's Name and Title: _____

Telephone No.: _____ Dates of Service: _____

PERSONAL REFERENCES

Name: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Work Phone: _____ Relationship: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Work Phone: _____ Relationship: _____