



Volunteer Application

For RIKC Internal Use Only

- Student/Therapy Observation
- Active Volunteer– Regular Basis
- Youth Volunteer (RIKC Summer Camp Only)
- Special Event Volunteer
- High School Student Service Hours
- Other_____

Date: _____

Tell Us About Yourself

First

Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____

Home Phone: (____) _____ Cell Phone (____) _____

Work Phone: (____) _____

E-mail: _____

Are you acquainted with any employee, volunteer, or former patient of the Rehabilitation Institute?

Yes No If so, who? List their name(s): _____

What attracted you to a volunteer experience at the Rehabilitation Institute?

Previous volunteer experience:

Emergency Contact Information:

Name: _____

Day-Time Phone: (____) _____

Relationship: _____

Cell Number: (____) _____

Volunteer Interests and Availability

Most Opportunities are offered Monday – Friday 9 a.m. to 4 p.m.

Please check the appropriate box and provide all requested information.

I am interested in volunteering because:

- I want to provide support on a regular basis (at least 8 hours a month).**

I am available on the following day(s) of the week: _____ and times _____.

Area(s) of interest: _____

- I need charity service hours for high school.**

I need to complete _____ hours by _____ (date).

My school has a formal service program Yes No

School Name _____ School Contact _____

- I need observation for a college course requirement.**

Field of interest: _____ College Name _____

Desired Observation area(s): _____

I need to complete _____ hours by _____ (date).

I am available to start on _____ (date).

- I want to help with RIKC Summer Programming and I am a youth (14 or older).**

Have you volunteered for RIKC summer programming before? Yes No

I am available to volunteer _____ number of days and _____ hours a day.

I am available to start on _____ (date).

- I want to help with RIKC Special Event(s)**

Ability Quest: Walk Stroll or Roll (June)

Day at the Lake (July)

Bacon Fest (August)

I'll help when and where needed. Call on me!

Other Important Information (please read and check each box)

I understand that depending on my volunteer assignment, I may be required to have a TB Test. The testing cost will be paid for by the Rehabilitation Institute of Kansas City.

I understand that the Rehabilitation Institute of Kansas City does not guarantee volunteer placement and that volunteer activities may not include direct patient or client contact/interaction.

Signature: _____

Date: _____