



Volunteer Application
Mail Stop 4004 / 3901 Rainbow Blvd.
Kansas City, KS 66160
(913) 588 – 2793
fax (913) 588 – 8397

Name _____
First Last Middle Initial

Address _____
Street City State Zip

E-mail address _____

Phone Numbers () _____ () _____ () _____
Home Work Cell

Which is the best way to reach you during the day? (Please circle.):

e-mail home phone work phone cell phone

Current Employer or School _____
Name phone

If this is a placement to meet school requirements, please list final day of service _____

If retired, briefly explain work experience _____

Interests/ Hobbies _____

Volunteer Experience _____

Emergency Contact _____
Name Daytime Phone

Your birthday _____ I am at least 14 years old. (Please circle.) **yes no**

Please list two references (non-family) that we may contact:

1) Name _____ Phone or email _____

2) Name _____ Phone or email _____

How would you like to help? (Please circle.) reading book sorting/labeling

marketing fund raising

Do you speak Spanish? (Please circle.) yes no

Please check one of the following categories:

- Parent/guardian Other family member Teacher
 Librarian Other Pre-K-12 Student Manager/Administrator
 College student Service Club Member Local Business partner
 Healthcare/social worker Other(senior citizen, etc)

How did you learn about us? _____

Have you ever been convicted of a felony? (Please circle.) yes no

Have you ever been convicted of a misdemeanor? (Please circle.) yes no

If yes, list type of offense(s) and date(s) of conviction(s) _____

Are you being required by court order to serve volunteer hours? (Please circle.)

yes no

If yes, list type of offense(s) _____

By signing below,

- I affirm that the information provided on this application is true and complete. Falsification of any information can result in immediate termination from the ROR volunteer program.
- I hereby give my permission and authorize representatives of Reach Out and Read Kansas City to investigate any or all of the statements I have made in this application. As part of my application I consent to allowing ROR to obtain a criminal background investigation. In the event ROR receives a report that adversely affects my acceptance as a volunteer, I will be provided a copy of that report. I will have 24 hours to provide information if I believe the report is incorrect.
- I understand that this application does not guarantee a volunteer placement through ROR.
- I further understand that as a volunteer I may not accept payment for my services and that I will incur the cost of transportation.

Signature _____

Date _____

RORKC is affiliated with KU Pediatrics and Children's Mercy Hospital & Clinics.