



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 Position Phone

Emergency Contact _____
Name Relationship & Phone #

Your birthday ____ / ____ / ____ I am at least 14 years old. (Please circle.) yes no
mo / day / year is optional

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 _____

Reference (non-family) _____
Name Phone/e-mail

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

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

How did you learn about us? _____

Why would you like to volunteer with Reach Out & Read? _____

What would you like to gain from the experience? _____

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

Section Below To Be Completed by RO&R Staff:

Notes –