**VOLUNTEER APPLICATION **

Volunteer Application

Name: DOB

Address:

City, State Zip:

Home Phone: Cell Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female Nonbinary Prefer not to answer 

Ethnicity:

Current Employer:

Veteran status:

How did you hear about Camp Erin and this volunteer opportunity?

List any child related employment or volunteer work you have had in the past.

Do you have any educations or skills that may help you be an effective volunteer at camp?

Many of our volunteers join Camp Erin due to having a personal experience with the death and/or terminal illness of a significant person in their life. Have you experienced the death of a significant person?

What has been the most significant recent loss you have experienced?

How are you coping with your grief?

Have you had the opportunity to work with people different from yourself (race, religion, socioeconomic status, and sexual preference)?

What do you hope to gain from your experience at camp?

I have a particular experience in working with: \_\_\_ Teens \_\_\_ Children age 10-13 \_\_\_ Children age 6-9

My skill/interest: \_\_\_ Recreational Activities \_\_\_ Campfire Songs

 \_\_\_ Art \_\_\_ Music

 \_\_\_ Dance \_\_\_ Story-telling

Do you have any health-related problems, physical limitations and /or allergies? Please specify:

# Background

All volunteers must successfully pass a background check before beginning service with Kansas City Hospice and Palliative Care.

Have you ever been convicted of any crime other than a parking ticket? Yes No

If yes, please provide the date, place and type of conviction and the sentence received.

# Reference

Office Use Only

Requested

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

# Please include people who know how you relate to children, your character and reliability.

1. Name: Relationship

Email Address:

 Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Acknowledgment

I understand that I am applying for a volunteer position with Kansas City Hospice and Palliative Care. I understand that the agency reserves the right to reject a volunteer candidate.

I consent to and authorize the agency and its personnel to ask any of the references I have listed for relevant information that may concern my performance as a volunteer for the agency.

I certify that the information provided on this application is true and complete to the best of my knowledge. Furthermore, I agree to all background checks required by this agency.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return application electronically or to:**

Volunteer Department, Kansas City Hospice, 1500 Meadow Lake Pkwy, Suite 200, KCMO 64114