



## KANSAS ADVOCATES FOR BETTER CARE

### VOLUNTEER APPLICATION FORM

Thank you for taking the time to answer our questions. Volunteers are crucial to the success of Kansas Advocates for Better Care (KABC). We appreciate your interest in volunteering with us! Please fill out the information as completely as possible. All information will be kept confidential. This information will help us to get to know you and establish a more accurate picture of the service interests of our potential volunteers. **This is not a contract and completion of this application does not mean you are a volunteer of Kansas Advocates for Better Care (KABC).** We will contact you about completing the final steps to become a KABC volunteer.

#### Contact

Kansas Advocates for Better Care  
785-842-3088  
[info@kabc.org](mailto:info@kabc.org)  
536 Fireside Ct. Suite B  
Lawrence, KS 66049

Email or mail a copy this application to the above address.

### SECTION I

#### *Contact Information*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:

- Home/Cell Phone
- Work Phone
- Text Message
- E-mail

Best Time to Contact:

- 8 am – 5 pm
- 5 pm – 9 pm



## SECTION II

### *Personal Experience*

Volunteer Experience

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Current Occupation and Employer (Past occupation if retired):

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Other information that will help us make a good match (education, general interests/hobbies, memberships, experiences, etc.)

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Languages Spoken:

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If you are a student, please tell us:

Name of School: \_\_\_\_\_ Field of Study: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

## SECTION III

### *Availability and Volunteer Assignment Preferences*

*What Times and Days Are You available? Please Check All That Apply:*

	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

I am available:

- Once A Week
- More Than Once A Week
- One Time Only/ As Needed
- OTHER \_\_\_\_\_

How many hours are you willing to volunteer? \_\_\_\_ Per Week \_\_\_\_ Per Month



**SECTION IV**

*Additional Information*

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If Yes, Please Explain: \_\_\_\_\_

Is there any information you want us to know that will help us better match you with the right volunteer opportunity? \_\_\_\_\_  
\_\_\_\_\_

Who to notify in case of an emergency? \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SECTION V**

*Volunteer Areas of Interest*

Please Check All That Apply:

Administrative/Office:

- Mailings
- Organization
- Information & Resource follow-up

Committees:

- Community Engagement
- Fundraising
- Event Planning
- Legislative Engagement
- Public Relations (publications, videography, social media, content creation, etc.)

Other:

- Host a community gathering to discuss grassroots advocacy
- Have an idea? Let us know below!

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

How did you hear about KABC? \_\_\_\_\_

*I certify that all statements on this Application are true and correct.*

\_\_\_\_\_  
Signature Of Applicant Date