

Kate's Kart, Inc.

Volunteer Application

Name:	
Address:	
Phone:	
Email Address:	
Birthday:	
School (if under age 18):	
How did you hear about Kate's Kart:	
Do you have any previous volunteer experience? If so, please tell us about it:	
Why do you want to volunteer for Kate's Kart:	
Do you know anyone who currently volunteers with Kate's Kart? If so, who:	
Do you have any experience in a hospital setting? Do you have any apprehensions about being in a hospital:	
If in school, what other extracurricular activities are you involved in?	
At which hospital(s) would you like to volunteer (please check all that apply):	<input type="checkbox"/> Dupont Hospital (Mondays, Thursdays) <input type="checkbox"/> Lutheran Hospital (Mondays, Wednesdays, Fridays) <input type="checkbox"/> Parkview Main (Tuesdays, Thursdays, Saturdays) <input type="checkbox"/> Parkview North (Mondays, Thursdays)

What days/times are you available to volunteer:	
Do you have any personal or professional references you could provide?	
<p>Please initial that you understand and agree to each statement below:</p> <p>_____ I agree to attend an initial orientation session required by the hospitals, including paperwork, a background check and TB testing.</p> <p>_____ I agree to renew my TB test annually and keep my files active and complete at each hospital that I am a volunteer.</p> <p>_____ I agree to adhere to the dress code (which will be explained by each hospital).</p> <p>_____ I agree to communicate regularly with my Kate's Kart volunteer coordinator in regards to my personal volunteer schedule.</p> <p>_____ I agree to fulfill my assigned date(s) and will take it upon myself to find a replacement or let my Kate's Kart volunteer coordinator know (with sufficient notice) if I am unable to fulfill my assignment.</p> <p>_____ I understand that not showing up for an assigned date without notice may result in my not being scheduled in future months.</p> <p>_____ I agree to check the Kate's Kart website regularly for updates to the volunteer schedule.</p> <p>_____ I agree to uphold the mission and integrity of Kate's Kart and speak positively about the organization at all times.</p> <p>_____ I agree to smile, have fun and be encouraging to sick and injured children and their families, and to be respectful of their privacy.</p>	
Signature:	Date:

Please mail completed application to:

Kate's Kart, Inc.
429 E. Dupont Rd., #119
Fort Wayne, IN 46825

Thank you for your interest in volunteering!
A representative from Kate's Kart will be contacting you soon.