



**The Kidney
Foundation
of Central PA**

FOR KFCP USE ONLY	
Received By:	_____
Interview Date:	_____
Assigned to:	_____

Volunteer Application

Date ___/___/___

Mr., Mrs., Miss: _____
Last name First name

Home Address: _____ Phone: _____
 _____ Cell Phone: _____

Employer Name: _____ E-mail : _____

Employer Address: _____

Date of birth ___/___/___

Education and/or Special Experience and Training: _____

Give a brief explanation of why you are volunteering? _____

What are your major hobbies and interests? _____

What experiences do you have with renal dialysis and/or kidney transplantation?

Are you willing to make phone calls related to KFCP related activities? _____ yes _____ no

Are you willing to volunteer staffing booths at KFCP related activities? _____ yes _____ no

Are you willing to volunteer time working at community based fundraisers and other special events? _____ yes _____ no

Are you willing to volunteer time working at community CKD screenings? _____ yes _____ no

What is your time availability?

Circle

1. Daytime: _____ a.m. through _____ p.m. Sun Mon Tues Wed Thur Fri Sat All

2. Evening: _____ a.m. through _____ p.m.

3. Anytime _____

Please provide the name and contact information for three references. Note your relationship with each.

1. _____

2. _____

3. _____
