

Volunteer Application

Our Mission:

Shepherd's Center of Kansas City Central empowers mid-life and older adults to live healthy, engaged, and independent lives.

PERSONAL INFORMATION (first, middle, last name)

Name _____ Date of Birth _____

Address _____ ZIP _____

I prefer to be contacted by:

Phone Email Text

Email: _____

Phone: *Cell* _____ *Home* _____ *Work* _____

EMERGENCY CONTACT INFORMATION

1. Name _____ Relationship _____

Phone: *Cell* _____ *Home* _____ *Work* _____

2. Name _____ Relationship _____

Phone: *Cell* _____ *Home* _____ *Work* _____

AREAS OF INTEREST (circle any that apply)

Meals on Wheels Delivery

Medicare Counseling

Care Connection

Meals on Wheels Kitchen

Adventures in Learning

Gardening

Wheels that Care

KC Rakes!

Office / Program

Office/Program Support

Holiday Bags

Other: _____

CAMPBELL OFFICE - Juan Heath

3501 Campbell KCMO 64111

phone: 816-753-7039 jheath@sccentral.org

OAK OFFICE - Danielle Wootton

5200 Oak Street KCMO 64112

phone: 816-444-1121 Danielle@sccentral.org

www.sccentral.org

EDUCATION / EXPERIENCE:

Circle all that apply:

Work part-time Work full-time Retired Not currently working Student- Part-time Student-Full-time

Employer (if applicable) _____

Other employment or volunteer experience: _____

AVAILABILITY (Circle any that apply)

Morning:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Afternoon:	Mon	Tue	Wed	Thu	Fri	Sat	Sun

STATEMENT

Have you ever been convicted of a felony?(circle) YES NO

(Please note: a "yes" answer will not necessarily exclude you from consideration).

If yes, please give date and nature of offense: _____

PERMISSION TO PERFORM BACKGROUND CHECK:

I, _____ do hereby give full permission to Shepherd's Center Central of Kansas City to verify the information provided on this application by implementing a full back-ground check. I certify that all information provided by myself on this application is true and correct to the best of my knowledge. I understand that falsification or significant omissions may be considered justification for non-acceptance or dismissal from my volunteer position.

Signature _____ Date _____

Driver's License #: _____ Social Security #: _____

Previous Address Information: (if address has changed in the past 5 years): _____

FOR OFFICE USE:

Candidate referred to Shepherd's Center by:

NOTES: