

Volunteer Services  
3901 Rainbow Boulevard, Mailstop 1021  
Kansas City, KS 66160  
(913) 588-6560 (Office) (913) 588-0278 (FAX)

Volunteer Services  
2330 Shawnee Mission Parkway, Mailstop 5011  
Westwood, KS 66205  
(913) 588-3433 (Office) (913) 945-9300 (FAX)

**Adult Volunteer Application Form**

Today's Date \_\_\_\_\_

If you are under 18 years old or a college student wishing to volunteer, please call **before** submitting this application.

We ask for a 6 month commitment of 1 day a week for 4 hours. Most volunteers are needed between the hours of 8:00 a.m. - 3:00 p.m., Monday through Friday.

**Volunteers are staffed in the following locations. Please select your preference(s).**

\_\_\_\_\_ The University of Kansas Hospital  
Main Campus  
3901 Rainbow Blvd.  
Kansas City, KS 66160

\_\_\_\_\_ The University of Kansas Cancer Center –  
South  
1000 East 101<sup>st</sup> Terrace  
Kansas City, MO 64131

\_\_\_\_\_ The Richard & Annette Bloch  
Cancer Care Pavilion  
2330 Shawnee Mission Parkway  
Westwood, KS 66205

\_\_\_\_\_ The University of Kansas Cancer Center –  
Overland Park  
12200 West 110<sup>th</sup> Street  
Overland Park, KS 66210

\_\_\_\_\_ The University of Kansas Cancer Center –  
North  
8700 N. Green Hills Road  
Kansas City, MO 64154

\_\_\_\_\_ The University of Kansas Hospital –  
Indian Creek Campus  
10720 or 10730 Nall Avenue  
Overland Park, KS 66211

\_\_\_\_\_ The University of Kansas Cancer Center –  
West  
8919 Parallel Parkway, Suite 326  
Kansas City, KS 66112

\_\_\_\_\_ KU MedWest  
7405 Renner Road  
Shawnee, KS 66217

\_\_\_\_\_ The University of Kansas Cancer Center –  
Lee's Summit  
4881 NE Goodview Circle  
Lee's Summit, MO 64064

Last Name	First Name	Middle	Home Phone	Cell phone
E-Mail address				Work Phone (Ext.)
Home Address		Apt. #	City	State
				Zip

**Please select the day(s) and time(s) you would like to volunteer.**

Monday \_\_\_ am \_\_\_ pm      Wednesday \_\_\_ am \_\_\_ pm      Friday \_\_\_ am \_\_\_ pm  
Tuesday \_\_\_ am \_\_\_ pm      Thursday \_\_\_ am \_\_\_ pm

**Education:**

School Name	Location (City, State)
Highest Level Completed	Degree(s) Awarded

**Current or Most Recent Employment:**

Employer's Name	Dates of Employment	Occupation (Type of Work)
Employer Street Address	Department or Suite Number	
City	State	Zip Code
Phone		

**Prior Volunteer Service:**

Have you ever served as a volunteer with us before? ___ No ___ Yes If yes, what year? _____		
Prior Agency	Department	Dates
Duties	Supervisor	Phone

I affirm that the information provided on this application is true and complete. Falsification of any information can result in immediate termination from the Volunteer Services Program.

- I hereby give my permission and authorize representatives of The University of Kansas Health System to investigate any or all of the statements I have made in this application.
- I understand that this application does not guarantee a volunteer placement with The University of Kansas Health System or at any of its locations.
- I further understand that as a Volunteer I may not accept payment for my services and that I will incur the **cost of uniform and transportation**.

***By signing your name below, you consent to the departmental requirements.***

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

**Please mail or fax your completed, signed and dated application to:**

The information listed under The University of Kansas Hospital logo on page 1 – if wishing to volunteer at the main campus.

The information listed under The University of Kansas Cancer Center logo on page 1 – if wishing to volunteer at any other location.