



**THE UNIVERSITY OF
KANSAS HEALTH SYSTEM**

THE UNIVERSITY OF KANSAS
CANCER CENTER

Volunteer Services
4000 Cambridge Street, Mailstop 1021
Kansas City, KS 66160
(913) 588-6560 (Office) (913) 588-0278 (FAX)

Volunteer Services
2330 Shawnee Mission Parkway, Suite 201N
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. - 4:00 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 –
Overland Park
12200 West 110th Street
Overland Park, KS 66210

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

_____ The University of Kansas Hospital –
Indian Creek Campus
10710, 10720 or 10730 Nall Avenue
Overland Park, KS 66211

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

_____ The University of Kansas Hospital –
Marillac Campus
8000 W 127th Street
Overland Park, KS 66213

_____ 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 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 Health System 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.