



Kate's
Kart

Books from the Heart

www.kateskart.org

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 have any experience in a hospital setting? Do you have any apprehensions about being in a hospital:

At which hospital(s) would you like to volunteer (please check all that apply):

Dupont Hospital (Mondays, Thursdays)

Lutheran Hospital (Mondays, Wednesdays, Fridays)

Parkview Main (Tuesdays, Thursdays, Saturdays)

Parkview North (Mondays, Thursdays)

<p>What days/times are you available to volunteer:</p>	
<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>	
<p>Signature: _____</p>	<p>Date: _____</p>

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.