



**Kate's Kart**  
Books from the Heart

## Volunteer Application

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First M.I. Last MM DD YYYY

ADDRESS: \_\_\_\_\_  
Street City State Zip

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### VOLUNTEER INTEREST

How did you hear about Kate's Kart?

Why are you interested in volunteering with Kate's Kart?

What volunteer position(s) are you interested in? Check all that apply.

- Passing Out Books in Hospitals     Office Support     Other: \_\_\_\_\_  
Please Specify Volunteer Activity

If volunteering to pass out books in a hospital setting, which hospital(s) would you prefer?  
Please check all that apply.

- Dupont Hospital     Lutheran Hospital     Parkview Regional Medical Center



## EDUCATION

	Name/Location of School	Last Year Completed	Graduated	Degree/Diploma
High School		9    10    11    12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1    2    3    4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Masters				

## PREVIOUS VOLUNTEER EXPERIENCE

Name of Organization	Dates Volunteered	Position/Duties

## CURRENT EMPLOYER

Name & Address of Current Employer	Start Date	Position/Duties

Would your company be interested in becoming involved with Kate's Kart?    Yes    No    Unsure

## GENERAL INFORMATION

Can you, with or without reasonable accommodations, perform the essential functions of this job?    Yes    No  
*(Walk for 2 hours, bend down, push heavy cart, etc.)*

Have you ever been convicted of a felony?    Yes    No  
 If yes, please explain.

*NOTE: A conviction will not necessarily disqualify you. However, due to hospital regulations, individuals with a felony are not permitted to have contact with pediatric patients. Therefore, you would be unable to pass out books in a hospital setting.*

Do you know anyone who currently volunteers with Kate's Kart?    Yes    No  
 If so, who? \_\_\_\_\_



Do you have any experience in hospital setting?  
If yes, please explain.

Yes  No

### AVAILABILITY

	SUN	MON	TUES	WED	THUR	FRI	SAT
Morning							
Afternoon							
Evening							

### REFERENCES

Please list three (3) references below. *Do not include family members unless they are current Kate's Kart volunteers.*

Name	Relationship	Contact Information (Phone/E-Mail)

### ADDITIONAL INFORMATION

Is there any other information that would help us place you as a volunteer? Please comment below.



## DECLARATIONS

Please initial that you understand and agree to each statement listed below:

\_\_\_\_\_ I agree to attend an initial orientation session required by the hospitals, including all paperwork, a background check and TB testing.

\_\_\_\_\_ I agree to keep my files active and complete at each hospital that I am a volunteer.

\_\_\_\_\_ I agree to adhere to the dress code (which will be explained by each hospital).

\_\_\_\_\_ I agree to communicate regularly with my Kate's Kart Volunteer Coordinator regarding my personal volunteer schedule.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that not showing up for an assigned date without notice may result in my not being scheduled in future months, and repeated absence (less than 75% attendance) may lead to termination of volunteer duties.

\_\_\_\_\_ I agree to check the Kate's Kart website regularly for updates to the volunteer schedule.

\_\_\_\_\_ I agree to uphold the mission and integrity of Kate's Kart, and speak positively about the organization at all times.

\_\_\_\_\_ I agree to smile, have fun, and be encouraging to sick and injured children and their families, and to be respectful of their privacy.

**I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained herein, and the references and employers listed above to give you any and all information concerning my previous employment or volunteer positions and any pertinent information they may have, and release Kate's Kart from all liability for any damage that may result from utilization of such information.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

### PLEASE MAIL OR EMAIL COMPLETED APPLICATION TO:

Kate's Kart, Inc.  
10376 Leo Road, Suite  
Fort Wayne, IN 46825  
[krista@kateskart.org](mailto:krista@kateskart.org)

**Thank you for your interest in volunteering!**

A representative from Kate's Kart will be contacting you soon.

