



Kate's Kart
Books from the Heart

County Champion 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 as a County Champion with Kate's Kart?

What county are you interested in championing (must currently live there)?

County

How long have you lived in this county?

Number of Years



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
(Lift up to 25lbs, bend down, reach with arms, 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

Do you consider yourself a well-connected member in your community?
If yes, please explain.

Yes No

AVAILABILITY

Must devote 2 hrs monthly to checking the Kart and sharing our mission.
Must be present at 1-2 meetings annually at Fort Wayne office.

| | 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.



PLEASE MAIL OR EMAIL COMPLETED APPLICATION TO:

Kate's Kart, Inc.
10376 Leo Road, Suite
Fort Wayne, IN 46825
krista@kateskart.org

Thank you for your interest in volunteering!

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

