



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.



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.

