



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Great Bend Campus
514 Cleveland Street
Great Bend, KS 67530
(620) 792-8833

Volunteer Application Form

Today's Date _____

Most volunteers are needed between the hours of 8:00 a.m. - 3:00 p.m., Monday through Friday.

Volunteers are staffed in the following locations. Please select your preference(s).

_____ The University of Kansas Health System
514 Cleveland ST.
Great Bend, KS 67530

Last Name	First Name	Middle	Cell Phone	Work phone
Home Address			Apt. #	Date of Birth
City	State	Zip		

Please select the day(s) and time(s) you are available to volunteer.

Monday ___ am ___ pm Wednesday ___ am ___ pm Friday ___ am ___ pm
Tuesday ___ am ___ pm Thursday ___ am ___ pm

What kind of volunteer roles are you interested in?

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Education:

School Name	Location (City, State)
Circle highest year completed: High school: Freshman Sophomore Junior Senior College: Freshman Sophomore Junior Senior Other:	

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

By signing your name below, you consent to the departmental requirements.

Signature _____ **Date** _____

Please submit your completed, signed and dated application to:

The University of Kansas Health System

ATTN: Chaplain Liaison

514 Cleveland St.

Great Bend, KS 67530