



**Unified Government of Wyandotte County/Kansas City, KS
Volunteer Information Form**

701 N. 7th St.
Kansas City, KS 66101
913-573-5660

Name _____

Address _____ City _____ Zip Code _____

Phone _____ Email address _____

Date of Birth _____ Social Security Number _____

Present/Previous Employer _____

Emergency Contact Information _____ Relationship _____

Department in which you'd like to volunteer: _____

Have you established contact with a representative from said department? (circle) YES NO

If yes, please list their name: _____

Educational Background: (please check highest level attained)

High School Graduate

Some College

College Graduate

If college degree, list area of study _____

List Special Trainings _____

Community involvement (civic, church, volunteer activities, etc.) _____

Do you have special interest or skills? If yes, please list _____

Why do you want to volunteer with the Unified Government? _____

What day(s) and times(s) would you be available to volunteer? _____

How did you hear about the Volunteer Program? _____

Signature _____

Date _____