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 __________________________