



Unified Government of Wyandotte County/Kansas City, Kansas

701 N. 7th Street, Kansas City, Kansas 66101

Phone: (913) 573-5660 Fax: (913) 573-5006

UG Volunteer Information Form

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email address: _____

Social Security Number: _____

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

Have you established contact with a representative from the department? 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 any special interest or skills? If yes, please list _____

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

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

How did you hear about the Volunteer Program? _____

Signature: _____ Date: _____

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Volunteer Agreement Form

I agree to serve as a volunteer for the Unified Government and to work _____ hours per week for a period of _____ day(s), week(s), month(s), or until assignment is complete. (Circle applicable period.)

As a volunteer, I will: Complete assignments to the best of my ability. Maintain confidentiality of sensitive information. Notify appropriate person if I am unable to work as scheduled. Accept supervision and follow the guidelines of the organization. Work as a member of the team with staff and other volunteers. Be courteous in contact with the public. Attend scheduled orientations and training as appropriate. Keep an accurate record of the hours I volunteer and turn it in monthly.

The Unified Government will: Supervise and train me for my volunteer work. Provide me with adequate workspace and supplies. Give me an assignment compatible with my skills and interests. Treat me as part of the team of staff and other volunteers. Trust me with confidential information needed to carry out an assignment. Keep me informed about the Unified Government through regular meetings with supervisor. Give me appropriate recognition for my efforts. Let me know how I'm doing on a regular basis, suggesting new assignments as appropriate.

Background Check: I the Volunteer, do hereby consent to a background check which will include sex offender registry checks. Inclusion on a sex offender registry or conviction of a violent crime, crime involving dishonesty or domestic offenses, may disqualify volunteer from Unified Government service.

Volunteer Printed Name: _____

Date: _____

Volunteer Signature: _____

Date: _____

Volunteer Supervisor Signature: _____

Date: _____

Volunteer Coordinator (HR) Signature: _____

Date: _____