



## Volunteer Application Form

1001 East 16<sup>th</sup> St  
Wellington, KS 67152  
Phone: 620-359-1470  
Fax: 620-358-1675

### Volunteer Requirements:

- Complete a volunteer application form and bring it into 1001 East 16<sup>th</sup> Street
- Be at least 21 years of age
- Have a Tuberculosis test, and Health Assessment form completed
- Give written permission for a background check to be completed through the Kansas Bureau of Investigation, and the Kansas Department of Health and Environment
- Maintain Complete confidentiality

Please complete and submit this application to us if you wish to become a volunteer with Aahn's Place.

### Name and Address:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Ok to call/ leave voice mail here

Cell Phone: \_\_\_\_\_  Ok to call/ leave voice mail here

Work Phone: \_\_\_\_\_  Ok to call/ leave voice mail here

Email Address: \_\_\_\_\_

### Emergency Contact Information: *Whom may we contact in case of an emergency?*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**References:** *Please list at least three professional references you have known at least one year. This does not include relatives.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



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**References Continued:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street 1: \_\_\_\_\_  
 Street 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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 Street 1: \_\_\_\_\_  
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 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*The Minimum age for our volunteers is 21 years old. The age requirement is mandated by the Kansas Department of Environment (KDHE) and must be followed.*

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Availability:** *Please indicate the times and days you are available to volunteer*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							