

# Kappa Kidney Camp 2011



## VOLUNTEER APPLICATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation \_\_\_\_\_ Title \_\_\_\_\_  
 Employer \_\_\_\_\_

**Professional License Number (Ohio only) for medical professionals:** \_\_\_\_\_

**Do you need Malpractice insurance?**  yes  no

Affiliation with the National Kidney Foundation Serving Ohio & Kentucky (check all that apply):

Health Care Professional  NKF Serving Ohio & Kentucky Board Member/Volunteer  
 Previous Kidney Camp Volunteer  Other (specify \_\_\_\_\_)

Please check the appropriate volunteer category and complete your preferred schedule below:

**General/Activity Volunteer**  **Nursing Volunteer**  **Pharmacy Volunteer**  
 **Physician Volunteer**  **Dialysis Tech Volunteer**  **Other (specify \_\_\_\_\_)**

	Sunday June 26	Monday June 27	Tuesday June 28	Wednesday June 29	Thursday June 30	Friday July 1
Arrival Time						
Departure Time						
Staying Overnight Yes/No						

List all medical conditions we should be aware of: \_\_\_\_\_

List any known allergies including allergies to bee stings and nuts: \_\_\_\_\_

Emergency contact & phone number with area code: \_\_\_\_\_

Do you have any camp experience?  Yes  No If yes, please explain.

Why do you want to volunteer at Kappa Kidney Camp?

How did you hear about Kappa Kidney Camp? \_\_\_\_\_

**\*\*\*\* Please complete the following reference information for two references. Forms are enclosed for you to give each reference. Please have them mailed or faxed back to the NKF Serving Ohio by May 12, 2011\*\*\*\***

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone/Home \_\_\_\_\_ Phone/Work \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone/Home \_\_\_\_\_ Phone/Work \_\_\_\_\_

**National Kidney Foundation Serving Ohio, Inc. Authorization for Release**

I hereby give my permission to the National Kidney Foundation Serving Ohio, Inc. its, agents, officers and employees to any photographs, films or television interviews of me. I understand that these items may be used in news media, newspapers, magazines, and in other publication, which may be circulated or viewed by the general public. I further agree to hold harmless the National Kidney Foundation Serving Ohio, Inc. its agents, officers and employees from any liability connected with these photographs, film or television interviews and with the release of any information related to my involvement with Kappa Kidney Camp.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

National Kidney Foundation Serving Ohio & Kentucky  
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