

Kappa Kidney Camp 2009



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 (check all that apply):

Health Care Professional NKF Serving Ohio 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 July 19	Monday July 20	Tuesday July 21	Wednesday July 22	Thursday July 23	Friday July 24
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 of Ohio by June 17, 2009******

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 _____