



Volunteer Information Sheet

Name _____ Email _____

Daytime Phone _____ Evening Phone _____

Address _____ City _____

State _____ Zip _____

Please Circle Your Areas of Interest

KU MED Family Room Radiothon Change Bandit Fundraising Events Clerical Help

Please check off personal skills that you would consider volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> Phone Work | <input type="checkbox"/> Family Relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Physical Labor |
| <input type="checkbox"/> Website Design | <input type="checkbox"/> Email Communications | |
| <input type="checkbox"/> Newsletter Design | <input type="checkbox"/> Soliciting for Sponsorship/Inkind Donations | |

Other? _____

Related Experience? _____

What times of the week are you available to volunteer? _____

Mail to: PO Box 3245
Kansas City, KS 66103

Fax: 913-588-9101

Questions: 913-588-9100