



Volunteer Application

First Name: _____

Address: _____

Last Name: _____

Phone: (____) _____

City, State, Zip: _____

Date of Birth: _____

Email: _____

(note: if you are 18 years of age or older, please submit a **Background Check Form** along with your application)

How did you hear about this volunteer opportunity?

Please check (or circle) which days you would like to be scheduled to volunteer:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Please fill in the name of the location at which you will be volunteering:

By signing below, you agree to daily temperature checks, wearing facial coverings at all times, and maintaining social distancing requirements.

Signature: _____

Parent/Guardian Signature (if volunteer is younger than 18): _____

Thanks for applying to be a volunteer at Upper Room! If you have any questions, please contact our Volunteer Coordinator, Kesha Williams, at kwilliams@upperroomkc.org