



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?

Volunteering takes place Mondays through Fridays, beginning June 7th and ending July 30th.

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