

JAMAICA
KIDNEY  **KIDS**
 FOUNDATION
VOLUNTEER PROGRAMME
APPLICATION FORM

1. Surname	2. Christian Name	3. Middle Name
4. Address & Contact #		5. School / University & Proposed Graduation Date
Email address:		
		6. Age
7. Parent / Guardian	8. Parent / Guardian Address	9. Parent / Guardian Contact Tel. #
 	 	Home:
		Work:
		Cell:
10. State reason(s) for Volunteering		11. Have you volunteered before? Y/N. If yes, where, and work done
12. What skill(s) do you have?		13. List your hobbies:
14. Work preference:		15. Statement of Permission (Child under 18 yrs)
Morning <input type="checkbox"/> Office <input type="checkbox"/> Afternoon <input type="checkbox"/> Clinical <input type="checkbox"/>		
Days available:		
Preferred Start Date:		
16. Volunteer's Signature:	Date:	17. Parent/Guardian Signature: Date:
An additional application form, along with a character recommendation letter are required in order to volunteer at the University Hospital of the West Indies		
OFFICIAL USE ONLY		
Volunteer's Name:	Assigned:	Date:
Supervisor:		
Main Duties:		
Assigning Officer's Name:		Signature: