



Volunteer Application

Name:		E-Mail:
Address:		
City:	State:	Zip:
Home Phone:	Phone (2):	Birthdate:

Please list two references:

Reference 1	Name:		
	Address:	City:	State:
	Phone:	Relationship to you:	
Reference 2	Name:		
	Address:	City:	State:
	Phone:	Relationship to you:	

In case of emergency, notify:

Name:	Phone:
Physician:	Phone:
Do you have any health-related restrictions (allergies, lifting, etc.)?	

Last two jobs or work experiences:

1.	Dates:
2.	Dates:

Last two volunteer experiences:

1.	Dates:
2.	Dates:

List hobbies, special interests or foreign languages:
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How did you become interested in TKEN?

Areas of interest: Clerical Equipment Repair Client Evaluations Special Events

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times Available: Mornings until _____ Afternoons until _____ Evenings until _____

Signature: _____ **Date:** _____

The Kids Equipment Network
 P.O. Box 121
 Forest Park, IL 60130-0121
 Phone: (630) 766-0505 x8
 info@tken.org

Office Use Only		
Rec'd:	Logged:	Interview Scheduled:
Notes:		