



OVERLAND PARK
REGIONAL
MEDICAL CENTER

Volunteer Application

Date _____

(Volunteers must be 16 years or older)

Personal Data

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Contact Phone # _____ Birthdate _____ Age _____

Email address _____

Currently Employed? _____ If yes, Work Phone # _____

Student? _____ If yes, Name of School _____

(Students please provide 1 recommendation letter)

Social Security # for background check and HR documentation _____

Organizations _____

Skills, Hobbies and Interests _____

Volunteer Assignment Preference

Areas of interest _____

1st Choice _____ 2nd Choice _____

Day and Times available (4 hour minimum per week) _____

Why do you want to become a Volunteer _____

Any other information pertinent to your application _____

In case of Emergency Please Contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please call (913) 541-5439 or email Dianna.Clark@hcamidwest.com for more information.

You may also email completed application or mail it to:

Volunteer Office

Medical Plaza West, Suite 20

Overland Park Regional Medical Center

12200 W. 106th St. Ste. 20

Overland Park, KS 66215