



Send your completed application to:

Kids Who Care  
 Horizon Hospice  
 3408 Vollmer Road  
 Olympia Fields, IL 60461  
 Phone: (708) 283-0271  
 E-mail: [kidswhocare@horizonhospice.org](mailto:kidswhocare@horizonhospice.org)

A program of Horizon Hospice & Palliative Care

## KIDS WHO CARE VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

School/Grade \_\_\_\_\_ Group you'll be with (if any) \_\_\_\_\_

If you're volunteering as a family, please give us family member names and relationship to the person listed above.

| <b>Name</b> | <b>Relationship</b>      | <b>Last Grade Completed</b> | <b>School</b> |
|-------------|--------------------------|-----------------------------|---------------|
| _____       | <i>Parent/Guardian 1</i> | <i>NA</i>                   | _____         |
| _____       | <i>Parent/Guardian 2</i> | <i>NA</i>                   | _____         |
| _____       | _____                    | _____                       | _____         |
| _____       | _____                    | _____                       | _____         |
| _____       | _____                    | _____                       | _____         |

Volunteer experience \_\_\_\_\_

Employment experience \_\_\_\_\_

What would you like us to know about you? \_\_\_\_\_

Special skills and/or abilities \_\_\_\_\_

How did you learn of this program? \_\_\_\_\_

Why do you want to volunteer with *Kids Who Care*? \_\_\_\_\_

PERSON(S) TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_  
Physician's Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AREA IN WHICH YOU WOULD LIKE TO VOLUNTEER

- Assemble special deliveries for patients or needy seniors (*at Thanksgiving, Christmas, Valentine's Day, and Spring*).
- Monthly activities at senior residences.
- Group activities to celebrate holidays and seasons.
- Group card/craft making. (*Get Creative!*)
- "We'll Shop for You" volunteer. (*A cell phone, brief training and additional parental signature(s) are required for this job.*)
- Help with special requests as the need arises—just call me.
- Classroom special project. (*e.g., Discovery in Service, Valentine Card making, etc.*)

PLEASE LIST TWO SCHOOL OR PERSONAL (*NON-FAMILY*) REFERENCES

#1 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number of years this person has known you \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Number of years this person has known you \_\_\_\_\_

PARENT/GUARDIAN CONSENT

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, consent to my/our child's involvement with **Kids Who Care**, a totally voluntary program. I/We understand that through **Kids Who Care**, Horizon Hospice & Palliative Care is acting as a facilitator for charitable volunteer acts by participants of the program at a variety of locations.

In the event my child needs medical attention, I understand that the supervisory staff of **Kids Who Care** shall make every effort to notify me (or other contact person listed above, if applicable) as soon as possible and, subject to the need in a particular circumstance, to make an immediate decision. If **Kids Who Care** staff is unable to reach me (or other contact person listed above, if applicable) by phone, I consent to emergency medical care for my child at my expense.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_