

Volunteer Position Description

Organization Name: _____
Contact Person: _____ **Contact Title:** _____
Telephone: _____ **Ext.:** _____ **Fax:** _____
Email: _____

Position Title: _____
Opportunity Description: _____

Location of Opportunity:
Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Is this location:
 Handicap Accessible Near Public Transit Wheelchair Accessible Handicapped Parking

When do you need volunteers for this opportunity:
Weekdays **Weekends**
 Mornings Mornings
 Afternoons Afternoons
 Evenings Evenings

Position Begins: _____
Position Ends: _____
Hours per Week: _____
Volunteers Needed: _____
Minimum Age: _____

Which of these areas does this opportunity address (please check as many as apply):
United Way Issue Areas
 Families Health & Wellness Self-Sufficiency
 Seniors Young Children Youth

Other Areas of Interest
 Animals Related Community Development Disabilities Disaster Relief
 Diversity Education Employment Environment
 Faith-Based Initiatives Fundraising Grant Writing Homelessness & Poverty
 Politics Public Safety Religion Transportation & Communication

Geographic Area - which counties will volunteers serve in (check all that apply):
Missouri Counties
 Andrew Bates Buchanan Caldwell Cass
 Clay Clinton DeKalb Henry Jackson
 Johnson Lafayette Pettis Platte Ray
 Saline

Kansas Counties
 Doniphan Franklin Johnson Leavenworth Linn
 Miami Wyandotte

Population Served in this Opportunity:
 Infants Adults Families Seniors
 Children (3-9) Emotionally Challenged Mentally Challenged Physically Challenged
 Youth

Orientation Provided Not Applicable Specialized Training Provided

Good Activity For:
 Individuals Families Small Groups (under 10)
 Youth Seniors Large Groups (over 10)

Special Skills Required: _____

Special Skills Preferred: _____

Please return form to:
Shelly Bolling-Strickland, Volunteer Center Manager
UWGKC Volunteer Center, 1080 Washington Street, Kansas City, MO 64105
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ShellyStrickland@uwgkc.org