

CKD RAPID-SCREENING PROGRAM VOLUNTEER APPLICATION



VOLUNTEER OPPORTUNITIES

Volunteers make the work of The Kidney TRUST possible. The success of the TRUST's chronic kidney disease (CKD) screening program depends on their time and talents. The TRUST will provide the necessary orientation and training to perform volunteer roles, which are described below. We are recruiting a pool of volunteers that can be called upon intermittently, based upon their availability, for our ongoing events held on both weekends and weekdays.

➤ **REGISTRATION**

Greeting attendees and talking with them about CKD, the screening process, and The Kidney TRUST. Assisting attendees in completing the Participant Questionnaire and ensuring they are screened in order of registration.

➤ **CKD EDUCATION**

Explaining screening results to event attendees and educating them about recommended actions based on their results. Raising awareness about kidney disease risk factors and steps they can take to protect their kidney health.

VOLUNTEER QUALIFICATIONS

All Volunteers

- Must be 18 years of age or older, high school diploma or equivalent required
- Be able to stand and sit for extended periods of time and lift up to 25 lbs
- Be able to pay attention-to-detail, follow-through, and apply problem solving skills
- Possess strong verbal and interpersonal communications skills
- Maintain a professional appearance
- Enjoy working as a member of a team

CKD Education Volunteer

- Healthcare background desired, but will train the right individual
- Enjoy one-on-one education delivery

HOW TO SUBMIT YOUR APPLICATION

Please complete the attached application in its entirety and submit by:

eFax: 1-720-223-2008

E-mail: volunteer@kidneytrust.org

Mail: The Kidney TRUST
1350 Old Bayshore Highway, Suite 777
Burlingame, CA 94010

www.KidneyTRUST.org/help/volunteer



VOLUNTEER APPLICATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Home _____ Work _____

EMAIL: _____

PREVIOUS WORK AND VOLUNTEER EXPERIENCE, INCLUDING DATES: (Attach resume or use additional pages)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC OFFENSE?

YES NO If YES, please explain: (Use additional pages if necessary)

DO YOU HAVE MEDICAL/HEALTHCARE EXPERIENCE (Please specify)? _____

WHAT VOLUNTEER DUTIES WOULD YOU PREFER? REGISTRATION CKD EDUCATION

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR THE KIDNEY TRUST?

PLEASE PROVIDE TWO PERSONAL REFERENCES:

NAME	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

MON. TUES. WED. THU. FRI. SAT. SUN.

MORNINGS DAYS AFTERNOONS

How often would you be available to volunteer?

WEEKLY BI-WEEKLY MONTHLY OTHER (please specify): _____

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

VOLUNTEER APPLICANT PRINTED NAME SIGNATURE DATE