



Compassionate Ear Volunteer Application Form

Please NOTE: print this form, complete it and mail it to:

**Compassionate Ear
Mental Health Association of the Heartland**

739 Minnesota
Kansas City, Kansas 66101
(913) 281-2221 ext 119

NAME _____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE (____) _____ WORK PHONE _____

BEST TIME AND PLACE TO CALL _____

EMPLOYMENT HISTORY OVER THE LAST FIVE (5) YEARS:

Business (address & phone)	Position/ Title	Dates of Employment
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_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER EXPERIENCE:

Agency/Program (address & phone)	Service Provided	Dates of Service
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_____	_____	_____
_____	_____	_____
_____	_____	_____

HOBBIES AND SPECIAL INTERESTS:

Do you have a mental health diagnosis? Yes No

What evenings can you work? Mon Tue Wed Thu
 Fri Sat Sun

Do you have your own transportation? Yes No

If so, are you willing to come to our office for training? Yes No

Who referred you to Compassionate Ear? _____

REFERENCES:

Please provide three references, two (2) personal and one (1) professional. References cannot be relatives and must have known you for at least one year. Please print clearly.

1.) Name _____ Day Phone (____) _____

Address/City/State/Zip _____

What is your relationship to this reference? _____

2.) Name _____ Day Phone (____) _____

Address/City/State/Zip _____

What is your relationship to this reference? _____

3.) Name _____ Day Phone (____) _____

Address/City/State/Zip _____

What is your relationship to this reference? _____

I authorize the reference named above to disclose to Compassionate Ear the information requested on the reference form.

Applicant signature _____ Date _____

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