



IMMANUEL COMMUNITY OUTREACH ASSOCIATION
3232 METROPOLITAN AVE. | KANSAS CITY, KANSAS 66106 | 913-999-0533
ICOAKCKS@GMAIL.COM | ICOAKCKS.ORG

VOLUNTEER APPLICATION FORM

Personal Contact Information

Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Email: _____

Are You 18 Years of Age or Older? Yes No (Answer Questions Below)

Responsible Adult's Name: _____ Relationship to Responsible Adult: _____

Responsible Adult's Phone Number: _____ Signature of Responsible Adult: _____

Emergency Contact Information

Contact Name: _____ Relationship to Volunteer: _____

Emergency Phone Number: _____

Community Service

Is there a school/organization that needs a letter for community service reporting? Yes (Answer Below) No

School/Organization Name: _____ Contact Name & Number: _____

What Languages Do You Speak?

English Fluently English, But Not Fluently Spanish Fluently Spanish, But Not Fluently Other _____

ICOA Opportunities: What are you interested in?

Food Pantry Bebés Felices English Class Citizenship Class Administration Maintenance Janitorial

How Did You Hear About Us?

Friend/Coworker/Church HappyBottoms Harvesters Silver City Days Live Nearby/Saw Signs Other

Please Specify Friend's or Coworker's Name, Church's Name or Other: _____

I _____, (print name) recognize and understand that my volunteer activities for ICOA expose me to the possibility of injury to my person and property and that I may suffer an injury as a result of an accident and other unforeseen circumstances. I recognize that as a volunteer, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer. Despite this risk of injury and lack of workers compensation or other medical insurance coverage from the ICOA, I knowingly and voluntarily waive any and all claims, actions, or causes of action against the ICOA and its trustees, agents, affiliates, and employees harmless for any injury or damage that I may suffer as a result of my activities as a volunteer.

Signature & Date: _____