



National Kidney Foundation of Illinois, Inc.

VOLUNTEER PROFILE

Name _____

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Best time and phone number to reach you _____

How did you find out about the NKFI? _____

How are you connected with kidney disease? Patient Transplant Recipient Friend/Family Member
 Health Care Professional No connection

Do you own a car? Yes No Would you be willing to use your car to travel? Yes No

Do you speak Spanish Yes No Any other languages? _____

Do you need any physical assistance while you are volunteering? Yes No

Have you volunteered at any other organization? Yes No

If yes, where? _____

Who may we contact? _____

Please indicate your areas of interest (General):

- | | | |
|--|---|---|
| <input type="radio"/> NKFI Board of Directors | <input type="radio"/> Special Events | <input type="radio"/> Patient Services |
| <input type="radio"/> Fund Raising | <input type="radio"/> Organ Donor Awareness | <input type="radio"/> General Office Assistance |
| <input type="radio"/> KEEP (Kidney Early Evaluation Program) | <input type="radio"/> Public Education | <input type="radio"/> Blood Pressure Screenings |

Please indicate your areas of interest (Technical):

- | | | |
|--|---------------------------------------|---|
| <input type="radio"/> Blood Draw | <input type="radio"/> Body Mass Index | <input type="radio"/> Urinalysis |
| <input type="radio"/> Glucose Screenings | <input type="radio"/> Registration | <input type="radio"/> Result Consultation |

I understand that my participation is subject to approval and governed by regulations established by the National Kidney Foundation of Illinois, Inc.

Signature _____ Date _____

Please mail or fax to: National Kidney Foundation of Illinois, Inc.
215 West Illinois, Suite 1C, Chicago, IL 60610
312-321-1500 Phone
312-321-1505 Fax

Questions? Please contact Jessica Connaughton at 312-321-1500 x.238 or via email to jconnaughton@nkfi.org