



National Kidney Foundation of Illinois, Inc.

VOLUNTEER PROFILE

Name _____

Home Address _____ City _____ State ____ Zip _____

Home Phone _____ Work _____ Cell _____

Preferred Phone Home Work Cell - Best time to call _____ Email _____

How did you find out about the NKFI? _____

How are you connected with kidney disease? Patient Transplant Recipient Friend/Family Member
 Health Care Professional Other

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 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):

- NKFI Board of Directors
- Fundraising
- KidneyMobile® program
- Special Events
- Organ Donor Awareness
- Public Education
- Patient Services
- General Office Assistance
- Blood Pressure Screenings

Please indicate your areas of interest (Technical):

- Blood Draw
- Glucose Screenings
- Body Mass Index
- Registration
- Urinalysis
- Result Consultation

I understand that my participation is subject to approval and governed by regulations established by the National Kidney Foundation of Illinois, Inc. I acknowledge that I may be in possession of clients/participants personal and medical information and agree to keep all information confidential. I have been made aware and acknowledge the NKFI health information privacy regulations and guidelines.

Signature _____

Date _____

Please mail or fax to: National Kidney Foundation of Illinois, Inc.
215 West Illinois, Suite 1C
Chicago, IL 60654
312-321-1500 Phone - 312-321-1505 Fax

For more information, please contact Regina White at 312-321-1500 x.222 or via email to rwhite@nkfi.org