

Greater Kansas City Disability Mentoring Day 2019

Volunteer Information Form

Name _____

Organization or Company: _____

Email _____ Phone: _____

Select Your Event(s) _____ Kansas 10/18/19 _____ Missouri 10/30/19

Time(s) Available _____ 7:30AM-1:00PM _____ 7:30AM-Noon _____ Noon – 1:00PM

Your Area Choice(s) _____ Guide _____ Check In/Registration

_____ Packet _____ Resume/Application

_____ Distribution _____ Assistance**

_____ Mock _____ Assist in Service Provider

_____ Interviews** _____ Room

_____ Assist in Employer Room _____ Assist at Lunch

****Mock interview volunteers should arrive at 7:30 for one hour orientation.**

****Resume/Applicatiin Assistance volunteers should arrive at 7:30 for one hour orientation.**

****Free lunch is provided for everyone who participates in DMD. Please indicate if you plan to stay for lunch. _____yes_____no (lunch will be available by 11:30).**

May we contact you in the future with information about DMD? _____ Yes _____ No

KKansas City Disability Mentoring Day does not share personal or contact information and you may request

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