



Kansas State School for the Blind
1100 State Ave.
Kansas City, KS 66102
913-305-3015

Facebook: <https://www.facebook.com/KSBlind/>
Twitter: @KansasBlind

To: Potential Volunteer Applicants:

Thank you for your interest in volunteering at the Kansas School for the Blind. Please take a moment to read through and understand our eligibility requirements and expectations of a KSSB Volunteer before you submit an application.

ELIGIBILITY REQUIREMENTS:

To volunteer at the Kansas School for the Blind, please ensure that you have read and meet the following requirements.

- AGE 18 OR OLDER, (unless seeking community service hours as part of high school requirements for graduation)
- MUST PASS A BACKGROUND CHECK VIA ALCOPS, KBI, ALCOPS AND DCF
- MUST AGREE AND ADHERE TO CONFIDENTIALITY REGULATIONS
- NEED TO WAIT FOR AN AVAILABLE VOLUNTEER OPPORTUNITY

HOW DO I APPLY?

- Print and fill out the volunteer application and the three forms for background checks, filling in all blanks and signing all the required places.
- Mail the completed application and a copy of your driver's license and social security card to the KSSB Director of Field Services, Aundrayah Shermer at the address above OR scan and email the application to ashermer@kssdb.org.
- High school students under the age of 18 will need to submit a letter of recommendation from a teacher who can vouch for your good character.

WHAT HAPPENS AFTER APPLICATION IS SUBMITTED?

- Once the application is accepted and a need is identified on campus that meets a potential volunteer's skills and interests, the application will be processed.
- Upon passing the background check, you will be notified to arrange for a volunteer orientation and meet the staff person you will work with during your volunteer experience.

Sincerely,

Aundrayah Shermer
Director of Field Services - KSSB

Volunteer Services Application
Kansas State School for the Blind
1100 State Ave
Kansas City, Kansas 66102

I HAVE READ THE INTRODUCTION LETTER AND AM ELIGIBLE TO APPLY FOR A
VOLUNTEER OPPORTUNITY ____ YES ____ NO

(Type or print using black pen. Furnish ALL information requested on this application.)

NAME: _____ AGE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: (_____) _____

WORK PHONE #: (_____) _____

CELL PHONE #: (_____) _____

EMAIL: _____

BEST WAY TO CONTACT ME: _____

Please explain briefly what experience you have had working with individuals who are
blind or have a visual impairment. and

Why you would like to volunteer at the Kansas School for the Blind?

Who referred you?

Name Agency (if applicable) Contact information

SIGNATURE: _____ DATE:

For office use only:

Eligible: _____ Matched: _____

Background checks: _____ Volunteer Orientation: _____