



KANSAS STATE SCHOOL FOR THE DEAF

OVER A CENTURY OF SERVICE. ESTABLISHED 1861.

450 EAST PARK STREET
OLATHE, KANSAS 66061-5497
TELEPHONE (913) 791-0573
FAX (913) 791-0577

To: Potential Volunteer Applicants:

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

TO BE ELIGIBLE TO VOLUNTEER AT THE KANSAS SCHOOL FOR THE DEAF PLEASE ENSURE THAT YOU HAVE READ AND MEET THE FOLLOWING REQUIREMENTS:

- AGE 18 OR OLDER, (unless you are seeking community service hours as part of your high school requirements for graduation)
- CONVERSATIONAL IN AMERICAN SIGN LANGUAGE
- ABLE TO PASS A BACKGROUND CHECK VIA ALCOPS, KBI, ALCOPS AND DCF
- ABLE TO WAIT UP TO TWO MONTHS TO START VOLUNTEERING

WHERE ELSE CAN YOU VOLUNTEER AND LEARN ASL?

An excellent place to volunteer your time and talents as well as learn American Sign Language or enhance your skills is the Deaf Cultural Center across the street from the KSD campus. Please see our website for a link to the DCC website.

I AM ELIGIBLE, HOW DO I APPLY?

- Print and fill out the volunteer application and the three forms for background checks, filling in all blanks and signing in all the required places.
- Mail the completed application **and a copy of your driver's license and social security card** to Volunteer Coordinator/Outreach Services at the address above OR scan and email the application to icolwell@kssb.org
- High school students under the age of 18 will need to **submit a letter of recommendation, from a teacher that can vouch for your ASL/English skills and your character.**

WHAT HAPPENS AFTER I TURN IN AN APPLICATION?

-Once the application is accepted and there is a need indicated on campus that meets a potential volunteer's skills and interest the application will be processed.

-Upon passing the background check, you will be notified and the volunteer completes a volunteer orientation and meets the staff person he will be working with, and contact information is exchanged and begins volunteer service.

Sincerely,

Lori A. Colwell, Volunteer Coordinator

Volunteer Services Application

Kansas State School for the Deaf
450 E. Park Olathe, KS 66061
913.210.8153 V/VRS
913.324.0601FAX

<http://www.ksdeaf.org/About/Employment/volunteer.php>

School Mission: Total Accessibility to Language, Communication and Education Excellence in a Visual Environment

I HAVE READ THE INTRODUCTIION LETTER AND AM ELIGIBLE TO APPLY TO VOLUNTEER ____YES ____NO

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

NAME: _____ ADDRESS: _____
Last, First & Middle Street Apt. #

Telephone #: (_____) _____
Area Code Number City State Zip Code

Cell Phone #: _____ Age: _____

E-Mail Address: _____

BEST WAY TO CONTACT ME: _____

Please check the most accurate level of your current ASL Communication Skills:

- Conversational**-4-7 years of on-going experience with American Sign Language and the Deaf Community-
- Fluent**-7 or more years of on-going experience with American Sign Language and the Deaf Community-**continue**

Please explain briefly what experience you have had working with the Deaf community and why you would like to volunteer at the Kansas School for the Deaf.

What is your availability and what area are you interested in volunteering in? _____

Who referred you? _____
Name Agency (if applicable) Contact information

SIGNATURE

DATE

For office use only:

Eligible: _____

Matched: _____

Background check: _____

Volunteer Orientation: _____