

KANSAS CITY POLICE CARE TEAM

Volunteer Form

Name _____
Address _____
Home Phone _____ Cell _____
Assignment _____
Special Skills/Talent/Education _____

Please indicate the area(s) where you would like to volunteer

Addictions Support Group

OPEN, Chairperson

_____ Chemical Dependencies

_____ Gambling

Critical Incident Support Group

Rob Blehm/Derek McCollum, Co-Chairs

_____ Police Shootings

_____ Near Misses

_____ Catastrophic Incidents

Family Relationships Support Group

OPEN, Chairperson

_____ Spousal/Child Relationships

_____ Physical/Emotional Abuse

_____ Childcare

Death/Serious Illness Support Group

Julie Grote/Jennifer Miller

Co-Chairs

_____ Death

_____ Illness/Injury

_____ Disability

_____ Funeral Assistance

_____ Food

_____ House Sitting

_____ Housekeeping/Clean-Up

Spiritual Support

Rev. Dennis Dewey

Home Service Group

Ryan Mills, Chairperson

_____ Maintenance/Repair

_____ Housekeeping/Clean-Up

Retiree's Support Group

Karen Petree, Chairperson

_____ Errands

_____ Transportation

Financial Committee

Julie Grote, Treasurer

Jennifer Miller

Pam Bear

Ryan Mills

Dan Gates

Fundraising

Pam Bear, Chairperson

Thank you for your interest in the KCPD Care Team. Please return this form to **Jennifer Miller, Violent Crimes Division**. Any questions or suggestions, please contact me at 234-5205 or at jennifer.miller@kcpd.org

THE KANSAS CITY POLICE CARE TEAM
A 501 C-3 NOT-FOR-PROFIT ORGANIZATION