



Medical Examiner's Office

660 East 24<sup>th</sup> Street  
Kansas City, MO 64108  
816-881-6600  
816-404-1345 fax

## JCMEO VOLUNTEER/INTERNSHIP APPLICATION

Name: (First, Middle Initial, Last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Note: You are being asked to provide your birthday and social security number because a background check will be performed before an interview is scheduled with the Chief Medical Examiner)

Are you currently in school? **YES NO** If so, what school? \_\_\_\_\_

What major or field of study? \_\_\_\_\_

What year are you? \_\_\_\_\_

What degrees or certifications do you currently hold? \_\_\_\_\_

Are the following vaccinations current?

Hepatitis B            **YES NO**

Tuberculosis        **YES NO**

Tetanus                **YES NO**

Are you contacting us as part of a course requirement? **YES NO** If so, what are the requirements that must be satisfied? \_\_\_\_\_

Have you done any work that is related to this field? (For example, nursing, death investigation, autopsy assistant, law enforcement, etc.) **YES NO**

If so, please describe: \_\_\_\_\_

For what capacity do you wish to be considered (volunteer, internship, job shadow, etc.) and what are your goals in being here? \_\_\_\_\_

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How much time do you desire to spend at the MEO or how much time do you have available? For example, are you off for just the summer? Do you have only one week? Do you want to come once a week on an on-going basis? Are you available day time or evenings only? Weekends? Please be as specific as possible: \_\_\_\_\_

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Is there anything else you wish to share about yourself, your background or your qualifications that you feel is relevant? \_\_\_\_\_

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Please sign below indicating you give consent for the background check to be performed:

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