



National Kidney Foundation™

of NORTHERN CALIFORNIA & NORTHERN NEVADA

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www.kidneyca.org/ patty@kidneyca.org

NKF Peer Program Application

Information in this box is for NKF use only and will be kept confidential

First Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ State: Zip: _____

Preferred Phone #(s)-home, cell, and/or work: _____

E-mail address (please print clearly): _____

Please write about your motivation, your interests, any special skills and your connections with kidney disease. Also include your occupation & whether you are currently working (use other side or attach paper as needed):

Please indicate your areas of volunteer interest:

- Peer to Peer
- Health Fairs (representing NKF at a booth/table)
- Health Screenings
- Advocacy in Sacramento - supporting legislation that will improve care of people with kidney disease
- Other: _____

What other language(s) do you speak?

What are good times to call you to discuss the NKF Peer Program?

NKF Contact: Patty McCormac, RN, Patty@kidneyca.org, 415.543.3303, ext. 104