

KIDNEYMOBILE®:

On the Road to Healthier Living Request Form

For more information contact Nicole Sisen at nsisen@nkfi.org or call 312-321-1500 ext. 246.

CONTACT NAME: _____ PHONE: _____

FAX: _____ EMAIL: _____

LOCATION NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

REQUESTED DATE OF VISIT: _____

Monday Tuesday Wednesday Thursday Friday

(Saturday and Sunday upon specific request)

REQUESTED TIME: 10:00 a.m. – 2:00 p.m. or 1:00 p.m. – 5:00 p.m.

If requesting different time please indicate: _____

VOLUNTEERS: This is a requirement of the screening please check all that apply: 7-8 Medically trained volunteers (MA's, RN's, CNA's, etc...) _____

5-6 Non-technical volunteers _____

1 – 2 Translators _____ (if necessary)

ON-SITE: Can you provide the following? YES or NO

Large room/Lobby _____ 8 Tables _____ 30 Chairs _____

Electrical outlets _____ Restrooms _____

Private Room for Consultations _____

**Highly visible and easily accessible KidneyMobile® location _____

BLOOD DRAW: Are you interested in providing a blood draw?

YES or NO

Number of people you expect to attend the event: _____

What are the demographics of your community?

What percentage of the participants do you expect to speak a language other than English? Please specify: _____

Additional information about event: _____

Would you be interested working with the NKFI to host community education seminars? YES or NO

If yes, we will plan to coordinate an educational seminar in conjunction to a screening.

Please provide information on local alderman, representative and/or other elected officials the NKFI may invite: _____

THANK YOU FOR YOUR REQUEST!

Please allow 2 weeks for follow-up response.



National Kidney Foundation of Illinois, Inc.

For more information, contact Nicole Sisen at (312) 321-1500

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