



KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Volunteer Services • 1319 Punahou Street • Honolulu, Hawaii 96822 • Phone: 808-983-8281 • Fax: 808-983-6754
Email: Volunteers@Kapiolani.org

HIGH SCHOOL VOLUNTEER APPLICATION

(Select the medical center you are applying for)

KAPI'OLANI
1319 Punahou Street, Honolulu
 PALI MOMI
98-1079 Moanalua Road, 'Aiea
 STRAUB
888 S. King Street, Honolulu

GENERAL INFORMATION

Name: _____ Birthday: _____

Last First MI Month/Day

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Cell): _____ Email Address: _____

Emergency Contact Person: _____

Relation: _____ Phone: (Home) _____ (Cell) _____

Physician Name: _____ Phone: _____

High School: _____ Grade: _____ Age: _____
(must be at least 16 years old)

AVAILABILITY

Days/times you are available to volunteer? Please check below:

(Minimum 4 hours per week; a consecutive 4-hour shift or two 2-hour shifts)

8/8:30 a.m. - Noon/12:30 p.m. (Mornings)

Mon Tues Wed Thu Fri

Noon/12:30 p.m. - 4/4:30 p.m. (Afternoons)

Mon Tues Wed Thu Fri

Will you be attending summer school? Yes No

TYPES OF JOBS YOU ENJOY

- Patient Ambassador
- Greet & Escort
- Running Errands
- Hospital Unit Support
- Other:** _____
(Preferred Position/Department)
- Visiting/Reading to Patients
- Book Cart
- Child Life Services (Only at KMCWC):
 - Playroom Tutoring Family Room

OTHER INFORMATION

Work experience (paid or volunteer): _____

Career interests: _____

Special interests, hobbies, skills: _____

After HPH receives your application and determines there are openings, you will be sent health requirements and other documents. **Documents must be completed within 30 days from the date you receive them or your application will be removed, unless we hear from you.** If there are no openings, you will be notified.

I agree to abide by the policies and regulations of Hawai'i Pacific Health and its High School Volunteer Program.

Signature: _____ Date: _____