

LEVEL OF EDUCATION

High School College Post-Graduate Degree *Graduation Date:* _____
Major: _____ Name of College/Graduate School: _____

EMPLOYMENT INFORMATION

Employment Status: Employed Unemployed Retired College Student
Current/Most Recent/Retired from Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Position/Title: _____ Job Responsibilities: _____

VOLUNTEER/PERSONAL EXPERIENCE

Have you volunteered at other organizations (agency/how long)?

What are your interests, hobbies, and skills?

What interests you about volunteering at the medical center?

Is there anything else you would like us to know?

REFERENCES

List two individuals (not related to you) who have knowledge of your qualifications who we have permission to contact.

| Name | Title/Occupation | Employer | Phone Number |
|-------------|-------------------------|-----------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I certify that all statements made in the application are true. I understand that if selected for a volunteer position, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program. I agree to a criminal background and reference check. I agree to abide by the policies and regulations of Hawai'i Pacific Health and its Volunteer Program.

Print Name: _____

Signature: _____ **Date:** _____