

**HAWAI'I PACIFIC HEALTH  
KAPI'OLANI KRAFTER VOLUNTEER APPLICATION**

**ADULT** or  **HIGH SCHOOL**  
(age 16-17 years old)

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Last First MI Month/Day (min. age 16)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER INFORMATION**

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

Craft Skills:  Knit  Crochet  Sew  Other: \_\_\_\_\_

How did you hear of our krafter group? \_\_\_\_\_

If you are a member of a krafter group, indicate name: \_\_\_\_\_

Work experience (paid or volunteer): \_\_\_\_\_

Special training or noteworthy achievements: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

REFERENCE: Name an individual who has knowledge of your qualifications and who we have permission to contact immediately:

| Name | Title/Occupation | Employer | Business Phone |
|------|------------------|----------|----------------|
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Please sign and submit this application to: Kapi'olani Medical Center, Volunteer Services Department  
1319 Punahou Street, Honolulu, HI 96826

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Start Date: \_\_\_\_\_

Notes: