

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

ADULT 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): _____ (Work/Cell) _____

Email Address: _____

Emergency Contact Person: _____

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

Physician Name: _____ Phone: _____

AVAILABILITY

What are the 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.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Noon/12:30p.m. - 4/4:30 p.m.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4:30/5 p.m. - 8:30/9 p.m.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

VOLUNTEER OPPORTUNITIES

Patient Activities

- Patient Ambassador
Greet & Escort
- Hospital Unit Support
- Visiting/Reading with Patients
- Healing Touch/Reiki Practitioner

Other: _____
(Preferred Position/Department)

- Roles that do not interact with current patients
- Gift Shop
- Child Life Services (Only at KMCWC):
 - Playroom Tutoring Family Room

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:** _____