

Volunteer Services • 1319 Punahou Street • Honolulu, Hawaii 96822 • Phone: 808-983-6333 • Fax: 808-983-6754 Email: Volunteers@Kapiolani.org

ADULT VOLUNTEER APPLICATION

(Select the medical center yo	u are applying for	r)						
☐ KAPI'OLANI 1319 Punahou Street, Honolulu	PALI MOMI		STRAUB	Street, Honolulu	☐ WILCOX (Kauaʻi) 3-3420 Kuhio Highway			
1319 Fullanou Street, Honolulu	30-107 3 Moana	ida Koad, Alea	000 J. King	Street, Honorala	3-3420 Rullio Highway			
		GENERAL INFOR	PMATION					
		GLINLINAL IIVI OI	WIATION					
Name:		Birthday:						
Last		First	M	11	Month/Day			
Address:		City	<u> </u>		Zip:			
Phone (Home):	ne (Home):(Wo			ork/Cell)				
Email Address:								
Emergency Contact Perso	n:							
Relation:Phone:(Home)			(Work/Cell)					
Physician Name:		Phone:						
		AVAILABIL	ITY					
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)								
•	•	e 4-nour snir	t or two 2-r	iour snirts)				
8/8:30 a.m Noon/12:30 ☐ Monday ☐ Tuesday	<u>p.m.</u> □ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday			
Noon/12:30p.m 4/4:30	<u>p.m.</u>							
☐ Monday ☐ Tuesday	山 Wednesday	□ Thursday	□ Friday	□ Saturday	□ Sunday			
4:30/5 p.m 8:30/9 p.m. ☐ Monday ☐ Tuesday	□ Wednesday	☐ Thursday	□ Friday	□ Saturday	□ Sunday			
Trionady Tracsady				— Satarday	a Surracy			
VOLUNTEER OPPORTUNITIES								
Patient Activities □ Patient Ambassador Greet & Escort □ Hospital Unit Support □ Visiting/Reading with Patients			 □Other: (Preferred Position/Department) □ Roles that do not interact with current patients □ Gift Shop □ Child Life Services (Only at KMCWC): 					
☐ Healing Touch/Reiki Pra☐ Thrift Shop (<i>Only at Will</i>		□ P	layroom 🗖 Tu	toring 🗖 Family Room				

		LEVEL OF	EDUCATION				
☐ High School	ool 🗖 College 📮 Post-Graduate Degree <i>Graduation Date</i> :						
		Name of College/Graduate School:					
,							
		EMPLOYMENT	INFORMATION				
Employment Statu	us: 🗖 Employed	d 🗖 Unemployed	☐ Retired ☐ Coll	ege Student			
Current/Most Rec	ent/Retired fron	n Employer:					
Address:		City:		State:	Zip:		
		Job Re					
		VOLUNTEER/PER	SONAL EXPERIENCE	E			
		ganizations (agency					
What are your inte	erests, hobbies, a						
What interests yo	u about voluntee	ering at the medica	center?				
Is there anything e	else you would li	ke us to know?					
		REFE	RENCES				
List two individual	s (not related to	you) who have kn	owledge of your q	ualifications wh	no we have permission		
to contact.							
Name	Title,	Occupation	Employer		Phone Number		
					01		
					lected for a volunteer I information shall be		
considered suffici	ent cause for my	y dismissal from the	e volunteer progra	m. I agree to	a criminal background		
and reference che- Program.	ск. Tagree to abi	de by the policies a	nd regulations of H	iawai'i Pacitic H	ealth and its Volunteer		
Print Name:							
Signature:				_ Date:			