



KAPI'OLANI
PALI MOMI
STRAUB BENIOFF
WILCOX

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 you are applying for)

- ☐ KAPI'OLANI
1319 Punahou Street, Honolulu
- ☐ PALI MOMI
98-1079 Moanalua Road, 'Aiea
- ☐ STRAUB
888 S. King Street, Honolulu
- ☐ WILCOX (Kaua'i)
3-3420 Kuhio Highway

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
- ☐ Thrift Shop (Only at Wilcox, Kaua'i)

☐ 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: _____