

**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:

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: _____

Rev. 7.18.25

Notes: