

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

## HIGH SCHOOL 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) \_\_\_\_\_ (Cell): \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
(must be at least 16 years old)

### AVAILABILITY

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. (Mornings)**

☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri

**Noon/12:30 p.m. - 4/4:30 p.m. (Afternoons)**

☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri

Will you be attending summer school? ☐ Yes ☐ No

### TYPES OF JOBS YOU ENJOY

- ☐ Patient Ambassador  
Greet & Escort
- ☐ Running Errands
- ☐ Hospital Unit Support
- ☐ Other: \_\_\_\_\_  
(Preferred Position/Department)
- ☐ Visiting/Reading to Patients
- ☐ Book Cart
- ☐ Child Life Services (Only at KMCWC):  
☐ Playroom ☐ Tutoring ☐ Family Room

### OTHER INFORMATION

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

Career interests: \_\_\_\_\_

Special interests, hobbies, skills: \_\_\_\_\_

After HPH receives your application and determines there are openings, you will be sent health requirements and other documents. **Documents must be completed within 30 days from the date you receive them or your application will be removed, unless we hear from you.** If there are no openings, you will be notified.

I agree to abide by the policies and regulations of Hawai'i Pacific Health and its High School Volunteer Program.

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