

Dear Friend:

Thank you for your interest in Hawaii Pacific Health's Volunteer Programs at Kapi`olani Medical Center for Women & Children, Pali Momi Medical Center, and Straub Medical Center.

The volunteers who donate their time have an important role in the overall experience that our patients and families have. They work alongside healthcare professionals, visit and escort patients, staff the information desks, and greet visitors...just to name a few.

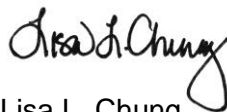
Please complete the attached application. All applications are processed through our main Volunteer Services office located at:

**Kapi`olani Medical Center  
Attn: Volunteer Services  
1319 Punahou Street  
Honolulu, HI 96826**

After reviewing your application, we will inform you if there are any openings in the areas that you are interested in or the days that you are available. The entire process usually takes three to four weeks to complete. We require 4 hours of volunteer time per week for a minimum of 6 months.

Our non-profit medical system is committed to improving the health and well-being of the people of Hawai`i and the Pacific Region through a family of hospitals, clinics, outpatient centers, and hundreds of physicians and clinicians throughout Hawai`i. Our volunteers are vital to the success of these programs and services. Thank you for your interest in becoming an important part of our dedicated health care team.

Sincerely,



Lisa L. Chung  
Director of Volunteer Services

# 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) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, explain when, where, type of offenses and disposition of case. (A conviction will not necessarily disqualify application from the position applied for.)

\_\_\_\_\_

\_\_\_\_\_

## 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.)**

**8/8:30a.m. - Noon/12:30p.m.**  
 Mon  Tues  Wed  Thu  Fri  Sat  Sun

**Noon/12:30p.m. - 4/4:30p.m.**  
 Mon  Tues  Wed  Thu  Fri  Sat  Sun

**4:30/5:00p.m. - 8:30/9:00p.m.**  
 Mon  Tues  Wed  Thu  Fri  Sat  Sun

**Are you able to commit to a regular schedule?**  Yes  No

## DO NOT WRITE BELOW - FOR VOLUNTEER OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Assign: \_\_\_\_\_ Day(s) \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_

Assign: \_\_\_\_\_ Day(s) \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_

HEALTH RECORDS: TB: (1) \_\_\_\_\_ (2) \_\_\_\_\_ or +PPD \_\_\_\_\_ mm \_\_\_\_\_ & X-Ray \_\_\_\_\_

MMR \_\_\_\_\_ Varicella \_\_\_\_\_ Flu \_\_\_\_\_ **For HT/RT only: Hep B Titre \_\_\_\_\_ or Hep B Series; #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_**

BG Ck submitted: \_\_\_\_\_ BG Ck Received: \_\_\_\_\_ N.O.L: \_\_\_\_\_

Comments: \_\_\_\_\_

**TYPES OF ASSIGNMENTS YOU ENJOY**

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Escort   | <input type="checkbox"/> Running Errands                               |
| <input type="checkbox"/> Book Cart  | <input type="checkbox"/> Gift Shop                                     |
| <input type="checkbox"/> Reading to Patients  | <input type="checkbox"/> Patient Greeter/Visitor Assistant/Hospitality |
| <input type="checkbox"/> Arts & Crafts with Patients <i>(Kapi`olani Medical Center for Women &amp; Children only)</i> |  |

**OTHER INFORMATION**

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

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

Career/special interests, hobbies, skills: \_\_\_\_\_

List special training or noteworthy achievements: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Future Objectives \_\_\_\_\_

**REFERENCES**

List three individuals (not related to you) who have knowledge of your qualifications and which we have permission to contact immediately. Preferably individuals that you have worked under.

| Name | Title/Occupation | Employed Where | 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.

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

**Please sign and submit this application by email, fax, mail or delivering it to:**

**Kapi'olani Medical Center  
Volunteer Services  
1319 Punahou Street  
Honolulu, HI 96826**

**Email: [volunteers@kapiolani.org](mailto:volunteers@kapiolani.org)  
Fax: 808.983.6754**

- *The application process must be completed within two months from the date of receipt.*
- If you are notified of incomplete information that we need & you do not contact the volunteer office to follow up, your application will no longer be considered for placement.