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: ___________________________ |
| Address: ___________________________ | City: ___________________________ | Zip: ___________________________ |
| Phone (Home): ___________________________ | (Work/Cell) ___________________________ |
| E-mail Address: ___________________________ |
| Emergency Contact Person: ___________________________ | Phone:(H) ___________________________ | (W) ___________________________ |
| Relation: ___________________________ | 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:

**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

- Patient Escort
- Book Cart
- Reading to Patients
- Arts & Crafts with Patients *(Kapi‘olani Medical Center for Women & Children only)*
- Running Errands
- Gift Shop
- Patient Greeter/Visitor Assistant/Hospitality

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.

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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
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.

Rev. 9.20.16