

Dear Student:

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. Our volunteer high school programs at Kapi`olani and Straub in Honolulu are held year round and the program at Pali Momi (a six week program) is only available during the summer from June through July.

- The minimum age to participate is 16 years old.
- You are required to volunteer 4 hours per week. This can be done by doing two 2-hour shifts, twice a week; or one 4-hour shift, once a week – (equivalent to 48 hours in a 3-month period).
- You may continue in our high school program as long as you are able to make the time and service commitment to volunteer on a consistent basis.
- To receive credit for volunteering for school/club or to receive a letter of recommendation, you must comply with the program's commitment requirements and leave the program in good standing.

If you are interested in joining our volunteer team and can commit to volunteering on a consistent basis, please complete and send in your application. All applications are processed through our Volunteer Services office located at:

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

When we receive your application and determine that there are openings, you will be sent a packet of forms and health clearance requirements which must be completed within 30 days of you receiving them. If there are no openings at the time we review your application, you will be notified. Thank you for your interest in becoming an important part of our dedicated health care team.

Sincerely,



Lisa Chung
Director, Volunteer Services

HIGH SCHOOL VOLUNTEER APPLICATION

(Select the Medical Center you are applying for)

KAPI'OLANI

1319 Punahou Street, Honolulu

PALI MOMI (summer only)

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:(H) _____ (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; one 4-hour shift or two 2-hour shifts):

8/8:30a.m. - Noon/12:30p.m. (Mornings)

Mon Tue Wed Thu Fri

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

Mon Tue Wed Thu Fri

Will you be attending summer school? Yes No

TYPES OF JOBS YOU ENJOY

Patient Escort

Running Errands

Patient Greeter/Visitor Assistant/Hospitality

Reading to Patients

Book Cart

Arts & Crafts with Patients (Kapi'olani Medical Center for Women & Children only)

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: _____

DO NOT WRITE BELOW - FOR VOLUNTEER OFFICE USE ONLY:

Date App Rec'd. _____ Date Pkt Sent _____ Parent Permission _____ Jr. Eval _____ ER Treatment _____ Health Consent _____

HEALTH RECORDS: TB: (1) _____ (2) _____ or X-Ray _____ MMR _____ HepB _____ Chicken Pox _____ Flu _____

Orientation: _____ Start : _____ Day: _____ Time: _____ Assign: _____

Start : _____ Day: _____ Time: _____ Assign: _____

N.O.L.: _____