



KAPI'OLANI
PALI MOMI
STRAUB BENIOFF
WILCOX

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
 WILCOX (Kaua 'i)
3-3420 Kuhio Highway

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

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: _____