



Application Date
Position Applying For (Must be filled in)

Volunteer Application

Applicants are considered for volunteering without discrimination on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

GENERAL INFORMATION:

Full Name		Home Telephone No.
Mailing Address	Physical Address (if different)	Cell Telephone No.
City	State	Zip Code
		Email Address

VOLUNTEER EXPERIENCE: STARTING WITH PRESENT or MOST RECENT, list all previous volunteering experience. *Please attach additional sheets if necessary, following the same format.*

Name & Address	Dates Volunteered	Position & Duties	Reason for Leaving
Company Name Phone	From: Mo./Yr.	Position	
No. & Street	To: Mo./Yr.	Supervisors Name	
City & State Zip			
Company Name Phone	From: Mo./Yr.	Position	
No. & Street	To: Mo./Yr.	Supervisors Name	
City & State Zip			

WORK HISTORY:

Current Employer:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not applicable
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PLEASE PROVIDE THREE REFERENCES BELOW: *(Professional References Only)*

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

EDUCATION:

Education	Name of School	Address	No. of Yrs. Attended	Graduated? Yes / No	Degrees
High School					
College					
Other (graduate school, trade school, etc.)					

Reason(s) for volunteering: _____

Hours available per week: _____ Days available: _____

Do you have your own transportation/vehicle available to you? Yes No

Which geographical areas would you be willing to serve? (Check all that apply)

Hamakua Hilo Puna Volcano Ka'u

What areas of volunteer work are you interested in (check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Education | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Entertaining | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Barbering | <input type="checkbox"/> Errands | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Bereavement Care | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Spiritual Counseling |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clerical/computer | <input type="checkbox"/> Laundry | <input type="checkbox"/> Video |
| <input type="checkbox"/> Companion/respite care | <input type="checkbox"/> Massage | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Patient Work |

List special skills, hobbies, and experiences you bring to this work:

List languages that you may speak fluently: _____

Are you able to perform the essential functions of the position in which you are applying with or without accommodations? Yes No

ACKNOWLEDGMENT AND CERTIFICATION:

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize Hospice of Hilo to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for volunteering. In exchange for Hospice of Hilo's consideration of my application for volunteering, I hereby release Hospice of Hilo and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by Hospice of Hilo regarding my work history, education, character, reputation, and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. This application will only be considered for three months. I understand that if I have not been considered for volunteering within three months of completing this application, and still wish to be considered for volunteering, I must complete another application.

Applicant Signature

Application Date