



Volunteer Application

Volunteer Code
For Office Use Only

Individual Group Company School Organization

Individual's Name _____ DOB: _____ (Complete back side if Minor)

Group/Company/School/Organization _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Cell _____ Work _____ Fax _____

E-Mail Address _____ Date _____

Emergency Contact _____ Relationship _____ Phone _____

Volunteer wishes to start work: Immediately Holiday Season only Both Need Parking? Yes No

Wishes to work at: KHON2 Distribution Center Special Events Pick-up/Delivery Flexible Days/Hours

If Group, how many? _____

Areas of Interest in Volunteering		General Skills	Software Experience
<input type="checkbox"/> Administration	<input type="checkbox"/> Greeter	<input type="checkbox"/> Communication	<input type="checkbox"/> Microsoft Access
<input type="checkbox"/> Bulk Mailing	<input type="checkbox"/> Load/Unload Donations	<input type="checkbox"/> Copying/Collating	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Calling for Donations	<input type="checkbox"/> Newsletter	<input type="checkbox"/> E-mailing	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Clerical	<input type="checkbox"/> Outreach	<input type="checkbox"/> Filing	<input type="checkbox"/> Microsoft PowerPoint
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Phone Bank	<input type="checkbox"/> Listening	<input type="checkbox"/> Microsoft Publisher
<input type="checkbox"/> Database Administration	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> People	
<input type="checkbox"/> Events	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Telephone	
<input type="checkbox"/> Expos	<input type="checkbox"/> Sort/Pack Donations		
<input type="checkbox"/> Field work	<input type="checkbox"/> Volunteer Coordination		
<input type="checkbox"/> Fun Fairs	<input type="checkbox"/> Writing		
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pick-up/ Deliveries		
<input type="checkbox"/> Golf Tournaments	If helping with pick-up or delivery, type of vehicle you have:		

Availability

During which hours are you available for volunteer assignments? Check day(s) you are willing to work

<input type="checkbox"/> Weekday mornings	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> Weekend mornings	Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
<input type="checkbox"/> Weekday afternoons	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> Weekend afternoons	Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
<input type="checkbox"/> Weekday evenings	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> Weekend evenings	Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>

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Previous Volunteer Application on file? Yes No

Sent the following to volunteer: Application Brochure Volunteer Opportunities

Date Application received _____ Age range of volunteers: _____ Date Consent Form received _____

Date Called _____ Date Reached _____ Date Left Msg _____

Date E-mailed _____ Date Letter Sent _____ Follow-up call/E-mail sent _____

Date of Interview _____ Training Date _____ Start Date _____

Date Entered in database _____ Date Thank You Sent _____ Invite to Party _____

Person to Notify in Case of Emergency

Name: _____
Street Address _____
City _____ State _____ ZIP Code _____
Home Phone _____ Cell Phone _____
Work Phone _____ Fax _____
E-Mail Address _____

Minors – If under 18 years old, please complete this section

Name of School _____
Current Grade Level _____ Is this for School Credit? _____ If so, how many hours are required? _____

Parent or Guardian Section

I, (print) _____, give my permission for my son/daughter to become a volunteer for The Lokahi Giving Program. I understand that my child, named above, will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the volunteer position assigned, including attendance and adherence to agency policies and procedures including those relating to confidentiality issues. I understand that he/she will not receive monetary compensation for the services contributed and that The Lokahi Giving Program, a partnership of KHON2 and Keiki O Ka Aina Family Learning Centers and its personnel will not be responsible for him/her while on duty as a volunteer. I also give permission and consent to allow photographs to be taken during Lōkahi Giving Project activities. I further give permission and consent that any such photographs may be published and used by the Lōkahi Giving Project and its agents, to illustrate and promote the project and its programs.

Parent / Guardian's Signature _____
Relationship _____
Home Phone _____ Cell Phone _____
Work Phone _____ Fax _____
Date _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (print) _____
Signature _____ Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please fax or mail to: **The Lokahi Giving Project, c/o KHON2, 88 Pi'ikoi Street, Honolulu, HI 96814**
E-mail: LokahiVol@yahoo.com • **Office:** 808-591-4298 • **Fax:** 808-591-4276