



**Volunteer Application**

Waikiki Shopping Plaza  
2250 Kalakaua Ave, Suite 403-3, Honolulu, HI 96815  
Ph: 926-8274 Fax: 926-0500  
E-mail: visitorexec@hawaii.rr.com

Date: \_\_\_\_\_ S.S.N. (requested in order to conduct criminal background check): \_\_\_\_\_

Name: \_\_\_\_\_ Birthday (Year Optional): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone no.(s): (Hm) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Cell/Pgr) \_\_\_\_\_

Preferred Fax #: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Native Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_

Areas of Interest:  Cases  Computer  Emotional Support  Interpreter  Office Help  Special Events

Your hours & days of availability: \_\_\_\_\_

Any medical condition we should be aware of: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you volunteering to satisfy another agency's requirements? \_\_\_ No \_\_\_ Yes, (What agency) \_\_\_\_\_

Where else have you volunteered? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please tell us about any special skills and interests that you would like to share with us: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated from an agency you volunteered for?

\_\_\_ No \_\_\_ Yes, (Explain) \_\_\_\_\_

To the best of my knowledge, the above statements are accurate. \_\_\_\_\_

Signature