

**STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
VOLUNTEER APPLICATION**

NAME _____ DATE _____
Last First M.I.

ADDRESS _____
Street Apt. No. City Zip Code

HOME PHONE: _____ WORK PHONE: _____

Highest Grade Completed: _____ Special Training: _____

List Two Recent Employment and/or Volunteer Experience (Attach additional sheets if necessary):

Employer/Agency: _____ From: _____ To: _____

Supervisor: _____ Phone: _____

Position/Duties: _____

Employer/Agency: _____ From: _____ To: _____

Supervisor: _____ Phone: _____

Position/Duties: _____

Other Work/Volunteer Experience: _____

List Two References (whom you have known for at least a year and are not related to)

Name: Phone: Relationship:
1. _____

2. _____

Type of Volunteer Work Desired:

Staff Service (Clerical) Staff/Client Service Full Client Service

Other: _____

Available Dates: From _____ To _____

What days of the week are you available? Monday Tuesday Wednesday Thursday Friday

What hours are you available?

Why do you want to volunteer for our agency?

Emergency Information:

Do you have any Health Insurance: [] Yes [] No

If Yes, please complete the following:

Name of Insurance: _____

Policy Number: _____

Person to contact in case of an emergency: _____

Relationship: _____ Home Phone: _____

Work: _____ Other: _____

I hereby certify that all statements in this application are true and correct to the best of my knowledge. And my participation in this activity is on my own free will and I will indemnify and hold harmless the State of Hawaii and the Hawaii Public Housing Authority and all its employees in the event of injury during my participation as a willing volunteer.

I hereby give permission to the Hawaii Public Housing Authority to contact my past and present employers, volunteer agencies, and references.

Submitted By:

Applicant's Signature

Date

*For volunteers under the age of 18 years old: I am the parent or guardian of _____.
I authorize his/her participation as a volunteer in the Volunteer Program of the Hawaii Public Housing Authority and I agree to the above statement and terms.*

Parent/Guardian's Signature

Date

Parent/Guardian's PRINTED NAME