

RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII VOLUNTEER APPLICATION FORM

Project Name: _____ Date of Application: _____

Name: _____

City: _____ State: _____ Zip Code: _____

Phone: (Residence): _____ Work/Cell: _____ Best time to contact: _____

Email Address: _____

Briefly explain your interest in becoming a volunteer with our program:

Education/Training & Specialized Skills *(Proof required if related to job safety):*

High School	College	Graduate School	Degree(s): _____
License & Certification(s):	Basic First Aid	CPR	Driver's License (_____ Type)
	SCUBA	Other: _____	

Specialized or Computer Skills *(Describe any specialized skills - art, writing, computer, software language, foreign language, hiking experience, etc.):*

Employment:

Current Employer: _____ Job Title: _____

Name & Telephone Number of Supervisor: _____

If presently employed, how many hours do you work per week? _____

Volunteer Experience *(Briefly describe any volunteer experience you have performed. Identify agency, type of work, and dates of volunteer service):*

Available Schedule to Perform Volunteer Duties. Days/Times: _____

How did you learn about the Project's Volunteer Program?

Reference:

Name: _____

Phone: _____ Email Address: _____

In case of emergency, who should we notify?

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Please Read Carefully and Sign:

I certify that the information provided on this volunteer Application Form is true and accurate. I am authorizing the Project to contact my reference listed above. I have read the Project's Volunteer Program Outline and the Volunteer Position Description. If selected, I will comply with all requirements specified by my supervisor. I fully understand what is expected of me if I am selected for this volunteer program. Any misrepresentations provided on this form may result in my immediate dismissal from the program.

Signature of Applicant

Date

Print Name/Signature of Parent Guardian (if under 18 years)

Date

For Internal Use Only:

Date Interviewed: _____ Date of Reference Check: _____ Selected Not Selected

Name of PI or Project Volunteer Coordinator: _____

Phone: _____ Email Address: _____

Authorized by: _____

RCUH Human Resources Department

_____ Date