



Volunteer Application

95 Kawanānakoā Place
 Honolulu, Hawaiī 96817
 Tel: 808-595-6770
 Fax: 808-595-6771

Name:		Address:	
City:		State:	Zip:
Home Tel:	Work Tel:		Cell:
Email:			

Who should we notify in case of an emergency?

Name:		Address:	
City:		State:	Zip:
Home Tel:	Work Tel:		Cell:

Times you are available: (Please fill in time available on lines provided)

Weekday Mornings _____	Weekend Mornings _____
Weekday Afternoons _____	Weekend Afternoons _____
Weekday Evenings _____	Weekend Evenings _____

Type of volunteer projects you are most interested in: (Check all that apply)

- _____ Arts and Crafts
- _____ Music and Singing
- _____ Games (Table and Large Group)
- _____ 1 to 1 Companion (sitting and talking to resident)
- _____ Cooking and Baking
- _____ Other _____

Please list any previous job or volunteer experience:

Do you have any special hobbies, interests, skills, talents, or other experiences that you would like to share?

Why would you like to volunteer at Hale Kū'ike?

TB Clearance (Only required if you have 10 or more volunteer hours a week)

Volunteers that will spend 10 or more hours per week with our residents are required by the Dept. of Health to have TB clearance. A negative two-step TB skin test will meet this requirement.

Type of TB test:

_____ 2-Step Skin Test Reading Dates: _____ Test 1 _____ Test 2
_____ Positive & X-ray Positive Reading Date: _____ X-ray Date: _____

- By submitting this application, I affirm that the facts set forth in it are true and complete.
- I agree to abide by the policies of Hale Kū'ike for the health and safety of all.

Volunteer Applicant Signature _____ Date _____



Thank you for your interest in volunteering at Hale Kū'ike.

If you have any questions about volunteering please contact Jill Martinez, our Director of Therapeutic Recreation, at 595-6770 or jill@halekuike.com