



**Volunteer Application**

**Nuuanu**  
 Hale Kū'ike , LLC  
 95 Kawanānakoā Place  
 Honolulu, HI 96817  
 Phone: 808-595-6770  
 Fax: 808-595-6771

**Kaneohe**  
 Hale Kū'ike Bayside, LLC  
 45-212 Kaneohe Bay Drive  
 Kaneohe, HI 96744  
 Phone: 808-235-6770  
 Fax: 808-235-6776

**Pali**  
 Hale Kū'ike Pali, LLC  
 2627 Pali Highway  
 Honolulu, HI 96817  
 Phone: 808-525-6770  
 Fax: 808-525-6776

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)

Please indicate specific time slots available between 9am and 5pm

Weekday Mornings \_\_\_\_\_ Weekend Mornings \_\_\_\_\_

Weekday Afternoons \_\_\_\_\_ Weekend Afternoons \_\_\_\_\_

Which location is preferred? Check all applicable  Nu'uānu  Kaneohe  Pali

**Class Schedule:** (\*If you are a student, please fill in the days that you have school)

Sunday \_\_\_\_\_ Thursday \_\_\_\_\_

Monday \_\_\_\_\_ Friday \_\_\_\_\_

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_ Other \_\_\_\_\_

**Volunteer Position you are most interested in:** (Check all that apply)

\_\_\_\_\_ **Group Activities Assistant Volunteer**

*Assist with our group activities to help engage our residents living with dementia. Provide motivation, good humor and a little extra help for those who need it.*

\_\_\_\_\_ **Companionship Volunteer (1:1, English or Bilingual)**

*Become a friend to a person living with dementia. Offer conversation, friendship and understanding. You will be paired with 1-2 specific residents to get to know and befriend.*

\_\_\_\_\_ **Musician/Entertainer**

*Solo entertainers or groups are needed to perform our residents living with dementia.*

**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 - 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. For more information email [dorothy@halekuike.com](mailto:dorothy@halekuike.com).**