



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?

Received COVID-19 Vaccine:

_____ Yes

_____ No

If yes, COVID vaccine dose(s) information:

Vaccination Date(s): _____

Please submit copy of vaccination record.

TB Clearance - Type of TB test:

_____ 2-Step

_____ Positive & X-ray

Skin Test Reading Dates: _____ Test 1 _____ Test 2

Positive Reading Date: _____ X-ray Date: _____

Please submit copy of TB testing records.

- 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.