



Hanauma Bay Education Program

Volunteer Application

Name: _____ Social Security #: _____ Date: _____

Contact Information

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (work): _____ Best time to call: _____

Email: _____ Birthday (month/day only): _____

In an emergency, whom should we notify?

Name: _____ Phone: _____

Alternate numbers: _____

What days and times are you available to volunteer? *(please check all that apply)*

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

Education *(please check all that apply)*

High School Trade School College Graduate School

Diploma(s)/Degree(s): _____

Certification(s)

Basic First Aid CPR SCUBA Life Guard Other: _____

Specialized Skills (foreign language, computer, grant writing, art, gardening...)

Please fill out both sides of application →

Interests

Hobbies: _____

Clubs/Associations you belong to : _____

Volunteer Experience *(briefly describe organization, type of work, approximate dates...)*

Current or Most Recent Employment

Occupation: _____ Employer: _____

Bus. Phone: _____ Supervisor: _____

References *(employer, co-worker, friend or family member)*

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Additional Comments/Information:

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I am authorizing Hanauma Bay Education Program to contact my former and current employer for references. If selected, I will comply with all requirements specified by my supervisor and acknowledge that the university may at its discretion terminate my participation in providing volunteer services at any time.

Volunteer Name (please print) _____

Volunteer Signature _____ **Date** _____

If under 18 years of age:

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____