

DEPARTMENT OF PARKS AND RECREATION  
CITY AND COUNTY OF HONOLULU

VOLUNTEER REGISTRATION FORM

Check one:

Area: HANAUMA BAY

- Adult Volunteer - must be 18 years of age and older.
- Junior Leader - must be between the ages of 13 and 17 and/or completed the 7th grade.
- Junior Helper - must be 12 years of age and under.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Please print)

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ SCHOOL ATTENDING (if any): \_\_\_\_\_ GRADE: \_\_\_\_\_

In case of emergency, please contact:

NAME: \_\_\_\_\_ Relation: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

I wish to volunteer my services to the Department of Parks and Recreation, City and County of Honolulu, with the understanding that I am acting with the permission of the City and County of Honolulu, Department of Parks and Recreation. I hereby authorize the City or any of its employees to refer said applicant, if injured or ill, to my family physician when I or my spouse cannot be reached. If no family physician is designated, the City or any of its employees is authorized to select any physician when deemed necessary. I, the undersigned, hereby waive all responsibility from the City and County of Honolulu, Department of Parks and Recreation, and any employee or volunteer acting with the permission of the Department, from all liabilities arising from property damage and bodily injury which may be sustained by participating in the above activity.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
(if under 18 years of age)

Please complete reverse side

**-To be filled by staff-**

SPECIFIC RESPONSIBILITIES: ASSIST WITH THE HANAUMA BAY EDUCATIONAL PROGRAMS, MAINTENANCE, MANAGEMENT, AND/OR ENFORCEMENT AT HANAUMA BAY NATURE PARK, AND OTHER RELATED DUTIES.

EQUIPMENT ISSUED: VARIOUS MAINTENANCE, RECREATION, AND EDUCATIONAL EQUIPMENT AND SUPPLIES. DATE: \_\_\_\_\_

The above individual is accepted as a volunteer for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

Area Director

1 copy: Area  
1 copy: Applicant

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