



Adult Volunteer Application

General Information

Last Name: _____ First Name: _____ DOB: ____/____/____

Home Address: _____ City: _____ Zip Code: _____

SSN: _____ Gender: _____ Email: _____

Home Phone: _____ Mobile: _____

(Required for background check)

State(s) of residency (last 5 years): _____ Years of residency: _____

Emergency contact person: _____ Relationship: _____

Phone Home: _____ Mobile: _____ Work: _____

Employment Information

Current/most recent employer: _____

Job title/duties _____ Dates of service: _____ to _____

Education and Training

Last formal education (name of school and course of study): _____

Other training or certifications _____

Volunteer Experience

Organization: _____

Volunteer duties: _____ Dates of service: _____ to _____

Medical Information

Please provide documentation of the following medical requirements:

1. **1-Step TB clearance** negative PPD or chest xray current within one year of this application. 2-Step PPD required for hospital visitations.
2. **MMR vaccine** or positive titre blood test or physician statement of previous disease.
3. **Varicella vaccine** or positive Varicella (chicken pox) titre blood test or physician statement of previous disease.

VOLUNTEER OFFICE USE ONLY:

Date rec'd _____ Bkg chk sent _____ Bkg chk _____ Ref chk A. _____ B. _____ Agrm/Rel _____

TB clearance: Step 1 _____; MMR _____
Step 2 _____; Varicella _____

Training _____ Photo id _____



Volunteer Interests

Please check off your area(s) of interest in volunteering at **HUGS**:

Family Programs- Interact with and provide care to **HUGS** children and their families.

- Respite
- Family Dinner
- Sibling Camp

() **Office Support:** Assist **HUGS** staff with computer data entry, phone calls, mailings and office maintenance. Office hours are M-F 8am-5pm.

() **Special Events:** Assist with specially planned community outreach and fundraising events.

Additional Information

How did you find out about the **HUGS** volunteer program? _____

Why do you want to become a **HUGS** volunteer? _____

Do you have any limitations (physical/other) that **HUGS** should be made aware of? If yes, please explain

Do you have any criminal history? If yes, explain: _____

References

Please list two individuals who reside in Hawaii, are not family members, have knowledge of your qualifications and whom **HUGS** may have your authorization to contact immediately.

Name	Where employed/Occupation	Best daytime phone #
1. _____	_____	_____
2. _____	_____	_____

*I certify that all statements made in this application are true. I understand that if I am accepted as a **HUGS** volunteer, any false statements made on this application or failure to provide requested information shall be considered sufficient cause for my dismissal from this volunteer program. **I agree to a reference check and criminal background check conducted by HUGS and its designated screening agency, Pre-Employment Services Hawaii, LLC.** I agree to abide by all **HUGS** policies and rules relating to the volunteer program.*

Applicant signature _____ Date _____

Please sign and submit this application via email: volunteer@hugshawaii.org; fax(808) 732-4881; or mail:

HUGS
3636 Kilauea Avenue
Honolulu, Hawaii 96816
Mahalo!