



Junior Volunteer Application

General Information

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

Gender: _____ Email: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Mobile: _____

Emergency contact person: _____

Relationship: _____ Home Phone: _____ Mobile: _____

Current school: _____ Grade: _____ Age: _____

(Must be 15 years or older)

Work Experience

Current/most recent employer: _____

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

Volunteer Experience

Organization name _____

Volunteer duties _____ Dates of service: _____ to _____

Medical Information

Please provide documentation of the following medical requirements:

1. **1-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 _____ Refchk _____ EmergConsent _____ Agrmt/Rel _____

TB clearance: Step 1 _____ ; cxr _____ MMR _____

Step 2 _____ ; cxr _____ 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 or other) that **HUGS** should be made aware of? If yes, please explain. _____

*I certify that all statements made in this application are true. I understand that if I am accepted as a **HUGS** Junior 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 abide by all **HUGS** policies and rules relating to the Junior Volunteer program.*

Applicant's signature _____ Date _____

Parental Permission

*I hereby give permission for my child to become a member of the **HUGS** Junior Volunteer program. I understand that the work done by these volunteers may include playing and attending to medically fragile children and their siblings, visiting with children in the hospital, and clerical duties, all under **HUGS** staff supervision. I agree and understand that my child will be undertaking these duties as a volunteer and that the hours he/she chooses are permissible.*

Parent or guardian's name (please print) _____

Parent or guardian's 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!