



ADULT VOLUNTEER APPLICATION

General Information

Name: _____ Birthdate: _____
Last First MI Month/day

Address: _____ City: _____ Zip: _____

Phone: Home _____ Work/Cell _____

Email: _____

Emergency Contact Person: _____

Relation: _____ Phone: Home _____ Work/Cell _____

Physician Name: _____ Phone: _____

Availability

What are the day(s)/time(s) you are available to volunteer? Please check bellow.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Days Evening Weekends

Level of Education

High School College Post Graduate Degree Major: _____

Volunteer/Personal Experience

Have you volunteered at other organizations?

What are your interests, hobbies, and skills?

What interests you about volunteering at the National Kidney Foundation of Hawaii?

I certify that all statements made in the application are true. I understand that if selected for a volunteer position, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program. I agree to a criminal background and reference check. I agree to abide by the policies and regulations of National Kidney Foundation of Hawaii and its Volunteer Program

Signature: _____ Date: _____

Print Name: _____