



357 Waiuanue Avenue
Hilo, HI 96720

VOLUNTEER APPLICATION FORM

Date: ____/____/____ NAME: _____

PERSONAL INFORMATION

Name: _____

Phone: _____ Work: _____ Email: _____

Address: _____

Gender: M F (circle one) Birthdate: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Phone: _____

Relationship: _____ Work: _____

AVAILABILITY

Total number of hours I'd like to volunteer per week: _____ Number of months available to volunteer: _____

Days I am available (please circle): M T W TH F Sat Sun

What time(s) are you available? Please circle one 8 a.m. - 12 p.m. 12:30 p.m. - 4:30 p.m. _____

What is your motivation to volunteer at HOPE? _____

How did you hear about HOPE? _____

Have you ever received services through HOPE? (circle one) YES NO If yes, when? _____

Are you required to volunteer for school, community service, First-To-Work, etc? _____

How many total hours are you required to work (for community service or First-To-Work)? _____

PERSONAL REFERENCES

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

FOR INTERNS ONLY:

What type of supervision do you require? _____

How many hours do you need to complete and in what period of time? _____



VOLUNTEER PROFILE

Social Services Related Education (College Courses, Certificates of Completion, etc.): _____

Previous Volunteer Experience: _____

VOLUNTEER POSITIONS—please mark the positions that you are interested in:

- _____ Sorting donations; Hours: Flexible
- _____ Janitorial, Repair, and Maintenance; Hours: Flexible
- _____ Meal Preparation
- _____ General Office Work (reception, filing, data entry, scanning)
 - _____ Finance Dept.
 - _____ Case Management Dept.
 - _____ Community Re-Entry Dept.
 - _____ Emergency Shelter
 - _____ Administration Office
 - _____ Drop – In Services Assistance (West Hawaii)
- _____ Computer Lab Assistant
- _____ Front Desk and Reception assistance
- _____ Assisting with and/or sponsoring a special event / fundraiser
- _____ Assisting with newsletters/surveys /general event planning/social media
- _____ Organizing and conducting recreational activities for HOPE participants
- _____ Working with children (literacy, tutoring) – Involved with HOPE Youth Program
- _____ Create and/or teach *lifeskills* classes. Please describe type of class: _____
- _____ Outreach Assistance (providing direct services to unsheltered homeless persons; paired with outreach worker)

Please list any talents, skills, and interests that you possess:



VOLUNTEER PROGRAM AGREEMENT

As a volunteer at HOPE Services Hawaii Inc., I agree to abide by the following terms:

1. I shall uphold HOPE Services Confidentiality, Boundaries and Conflict of Interest policies.
2. My services are donated to HOPE without expectation of compensation or future employment. I am donating my time for humanitarian or charitable reasons.
3. I shall arrive on time and conduct myself with dignity, courtesy, and consideration for others.
4. I shall maintain a conscious awareness of my surroundings and strive to behave in a professional manner.
5. I shall notify the Volunteer Coordinator and my assigned on-site supervisor if I cannot work during my scheduled shift due to illness or other reasons.
6. I shall attempt to resolve any concerns related to my volunteer work with my on-site supervisor. If unsuccessful, I shall attempt to resolve those same issues with the Volunteer Coordinator.
7. I shall uphold and abide by all policies and procedures of HOPE Services at all times.
8. I shall make my best effort to fulfill my commitment to HOPE Services by completing all assignments that I accept.
9. I understand that the Volunteer Coordinator reserves the right to terminate my volunteer status as a result of any of the following:
 - ✓ Failure to comply with rules and regulations
 - ✓ Unsatisfactory attitude, work performance, or appearance
 - ✓ Repeated absences without notification (No call/No Show)
 - ✓ Any circumstances, that in the judgment of management, would make my continued services as a volunteer contrary to the best interests of HOPE Services Hawaii, Inc.

By signing below, I verify that I have read and agree to abide by the HOPE Services Hawaii, Inc. Volunteer Program Agreement.

Signature

Date

Parent / Guardian's Signature (if under 18 yrs old)

Date



HOLD HARMLESS STATEMENT

I hereby waive, release, and forever discharge HOPE Services Hawaii Inc., including its employees and volunteers, from any and all liability for any personal injuries and/or property damage that I may incur as a result of my participation in any HOPE Services volunteer activities, including any personal injuries and/or property damage that I believe I have sustained as a result of the negligence, in part or in whole, of HOPE Services Hawaii, Inc.

I further agree to indemnify HOPE Services Hawaii Inc., including its employees and volunteers, from any and all claims of any nature whatsoever, including, but not limited to, personal injury and property damage, by any third party or third parties, which they claim are caused, in whole or in part, as a result of any act(s) or conduct, whether unintentional, negligent, or intentional, which may occur immediately prior to , during, or immediately following any HOPE Services Hawaii Inc. activities or events. In addition, I agree that I cannot hold the event location owners liable for any damages.

Lastly, I agree to respect the privacy and confidentiality of HOPE Services Hawaii Inc. participants and will not photograph or videotape them. I also give HOPE Services Hawaii Inc. consent to take my photograph and/or video footage while I am on property during volunteer service operations.

By executing this waiver, release, agreement to indemnify and hold harmless, I acknowledge that I understand and agree to accept each of the statements, waivers, releases, and agreements contained in this document and by me affixing my signature below, I affirm that I will abide by these policies.

I am of legal age and do hereby understand and agree to the statements and terms above.

Signature

Date

Printed Name: _____

I am the parent or legal guardian of the above named person and do agree to the statements and terms listed above.

Signature

Date

Printed Name: _____