Family Support Hawaii
75-127 Lunapule Rd., Ste. 11
Kailua-Kona, Hawaii 96740

Volunteer Application

Please Print

Mr./Mrs./ Ms./ Miss _____
First Name Middle Last Name

Address_____ City_____ State____ Zip_____

Phone _____ Date of Birth: _____ _____ _____
Month Day Year

Email Address: _____

Please circle the site which you prefer: Kailua-Kona Waimea Ka'u

Please mark best days and times for your volunteer work and meeting time:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Please indicate any interests or skills you may have:

_____
_____
_____

Why do you want to volunteer for Family Support Hawaii?

_____
_____
_____

I understand I will have to undergo a Criminal History Background Check in order to be a volunteer for Family Support Hawaii. In some volunteer situations a Child Abuse Index check may also be required. Further, my signature below indicates my understanding that this agency may obtain confidential information about by background for the purposes of this application.

I understand that any information I may come in contact with during my volunteer service hours for Family Support Hawaii is confidential and will not be repeated with anyone outside the Family Support Hawaii agency without written consent.

Signature of Volunteer_____ Date_____