



Date:
Referral:

FAMILY PROGRAMS HAWAII

Prospective Volunteer Profile

Please answer each question completely and accurately. Mahalo.

General Information

Name		DOB	Social Security #		
Address			City	State	Zip
Telephone # Home:	Cell:	Work:			
E-mail Home:		Work:			
How would like to be contacted?					

Employment/Volunteer Experience

List all of your work and voluntary experience. Start with your present or most recent experience. Include military, summer and part time experience.

Former or recent employer or organization	Dates Employed From To	Position and Duties	Reason For Leaving		
Company Name					
Phone #		Supervisor's Name			
Address		City	State	Zip Code	
Former or recent employer or organization	Dates Employed From To	Position and Duties	Reason For Leaving		
Company Name					
Phone #		Supervisor's Name			
Address		City	State	Zip Code	

Education

High School	Address	Degree
College	Address	Degree
Specialized training:		
Fluent in foreign language. Please list.		

Interest

What type of volunteer opportunity are you interested in: Please check box(es)		
<input type="checkbox"/> Childcare	<input type="checkbox"/> Office	<input type="checkbox"/> Transportation
<input type="checkbox"/> Visitation Facilitator	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Event Coordination
<input type="checkbox"/> Mentor	<input type="checkbox"/> Activities	
Why are you interested in volunteering for Family Programs Hawai'i?		

References: (Please list non-relatives only)

Name	Occupation	
Address	Telephone No.	E-mail
Name	Occupation	
Address	Telephone No.	E-mail

Availability

Day (s)	Time(s)
When are you ready to begin volunteering?	

Other information:

Are you able to perform the essential functions of this job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Please initial
Do you know anyone presently working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____
Have you volunteered with FPH before? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Do you have any Child Protective Services (CWS) involvement? If yes, please explain:
Do you have any criminal history? If yes, explain:

Volunteer Applicant Statement

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete.

Further, I understand that any misrepresentations or omission when discovered will subject me to discharge and I hereby authorize any investigation of Family Programs Hawai'i, its agents and employees to inquire or otherwise confirm the information or related work experience, education, or reputation information for purposes of consideration of my volunteer application.

I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Family Programs Hawai'i. I also release any references or other persons contacted for background information about me from any and all claims, liability and damages that may arise out of the provision of such information.

A drivers abstract, and State Criminal and FBI check may be a requirement of my desired provision of services as a volunteer with Family Programs Hawai'i, and I hereby give permission to Family Programs , as well as any public entity authorized or responsible for conducting the search, for such a check of my background to occur.

Photocopies of this signed authorization shall be as valid as the original. My signature acknowledges that I have read and understand the above statement and agree to the contents.

Sign

Date

Print Name