



VISITOR ALOHA SOCIETY OF HAWAII

Volunteer Application

Waikiki Shopping Plaza
2250 Kalakaua Ave, Suite 403-3, Honolulu, HI 96815
Ph: 926-8274 Fax: 926-0500
E-mail: visitorexec@hawaii.rr.com

Date: _____

Name: _____ Birthday (Year Optional): _____

Address: _____

City/State/Zip: _____ E-mail: _____

Phone no.(s): (Hm) _____ (Bus) _____ (Cell/Pgr) _____

Preferred Fax #: _____ Place of Employment: _____

Native Language: _____ Other Language(s): _____

Areas of Interest: Cases Computer Emotional Support Interpreter Office Help Special Events

Your hours & days of availability: _____

Any medical condition we should be aware of: _____

In case of emergency, contact: _____ Relationship: _____ Phone: _____

Are you volunteering to satisfy another agency's requirements? ___ No ___ Yes, (What agency) _____

Where else have you volunteered? _____

How did you hear about us? _____

Please tell us about any special skills and interests that you would like to share with us: _____

Have you ever been terminated from an agency you volunteered for?

___ No ___ Yes, (Explain) _____

To the best of my knowledge, the above statements are accurate. _____

Signature