Hui Mālama Ola Nā ʻŌiwi
Hawaiʻi Island Health Care System

VOLUNTEER APPLICATION

GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>City/State/Zip Code</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

WHY DO YOU WANT TO VOLUNTEER WITH Hui Mālama?

- To gain experience in the healthcare and/or education field
- To fulfill a community service requirement
- To fulfill an academic requirement
- To have fun
- To meet new people or make new friends
- To test/challenge myself
- To give back to my community
- To learn something new
- To establish a track record to get a new job
- To share my passion
- To try out a new career
- Other: _______________________________________

INTERESTS

In which areas of Hui Mālama are you interested in volunteering?

- Office tasks & program preparation (folding pamphlets, making children’s coloring books, etc.)
- Exercise & Fitness
  - Yoga
  - Zumba
  - Basic stretch & strengthening
- Education & Support Groups
  - Diabetes
  - Cancer
  - Hypertension
  - Healthy Hāpai
- Educational workshops
- Traditional Health workshops and classes
- Art/creative projects
- Nutrition education
  - Grow Your Own La`au classes
- Special Events (Ladies Night Out, Open House, Christmas party, etc.)
- Other (please list interests):

SKILLS/EXPERIENCES

What skills and/or experiences would you like to share with Hui Mālama Ola Nā ʻŌiwi?

Examples: Administrative (typing, filing, etc.), artistic, farming, sewing, nursing degree, etc.

__________________________________________________________

__________________________________________________________

AVAILABILITY

What days and times are available to volunteer?

__________________________________________________________

__________________________________________________________

Live Longer & Feel Better, Together.

• 1438 Kilauea Avenue Hilo, HI 96720 • Phone: (808) 969-9220 • Fax: (808) 961-4794 • HMONO.org
REFERENCES

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is the policy of Hui Mālama Ola Nā ‘Ōiwi (Hui Mālama) to provide opportunities for volunteers and students to gain practical and professional experience, and also to provide an outlet for helping our community.

To be accepted as a volunteer, candidates must complete this Volunteer Application form, be interviewed by a staff member, and receive approval from the Executive Director. If an appropriate placement can be made, the volunteer will be assigned to work under a supervisor, who will see that they adhere to a work schedule, are evaluated (student volunteers only), and observe the same rules and code of conduct as all other employees.

All volunteers serve at the discretion of the Executive Director, who can terminate their relationship with Hui Mālama at any time, for any reason.

I agree that I will waive any and all claims for personal injury and/or property damage that I may have against Hui Mālama, now or in the future, which claims arise from or are related to any service or activities of the organization, and agree to hold negligence of Hui Mālama from any such claims brought by my heirs, executors, administrators, assigns, or other relation, which claims to the services provided to me pursuant to the organization.

I have read this agreement and understand it or have had it explained to me, and by signing below, I signify my acceptance and agreement thereto.

Name:______________________ Signature: _____________________ Date:_______

Parent/Guardian must sign if volunteer applicant is under 18 years old.

I, __________________________, am the parent/legal guardian of ________________________ who is a minor under the age of 18. I have read the Volunteer Application and agree to the terms contained therein both on my own behalf and that of my child.

Name:______________________ Signature: _____________________ Date:_______

Hui Mālama STAFF USE ONLY

Date Received: ___________ Staff Initial: ___________

Notes: