



Hui Mālama O Ke Kai Foundation
 41-477 Hihimanu St.
 Waimānalo, Hawai'i 96795

VOLUNTEER APPLICATION

Full Name:		Date:
Address:		SSN:
City:	State:	Zip:
Date of Birth:		Phone Number:
Are you an alumnus of Hui Malama O Ke Kai? YES NO		Email address:
Do you have a child/family member currently enrolled in Hui Mālama O Ke Kai? YES NO		Occupation/Grade:
Employer/School:		
Special skills/abilities you bring to HMK:		
Emergency Contact Name:		Days/hours you are available to volunteer: M T W TH F S SUN
Phone Number:		Start Date:
		End Date:

REFERENCES

Name:	Phone/Email:	Capacity of Relationship:
Name:	Phone/Email:	Capacity of Relationship:

Briefly explain why you want to volunteer with Hui Mālama O Ke Kai Foundation:

By signing below, 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. I authorize HMKF to investigate my character, reputation, and background as it deems necessary for purposes of considering my application for volunteering. In exchange for the HMKF's consideration of my application for volunteering, I hereby release HMKF and all providers of information (including personal references) from all liability relating to or arising out of any inquiry by HMKF regarding my character, reputation, and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that I am offering my services in a strictly volunteer nature.

Signature

Date

Signature of Parent/Guardian if under 18

Date