



KONA HISTORICAL SOCIETY ONE-TIME GROUP VOLUNTEER APPLICATION FORM

Organization: _____

Group coordinator's name: _____
First Middle Last

Address: _____
Number Street Apartment

City State Zip

Current telephone: _____
Work Cell

Email address: _____ Fax: _____

GROUP TYPE: Please indicate your group type with the total number of volunteers participating.

YOUTH GROUP: A minimum of five students and one chaperone and a maximum of 10 students and two to three chaperones are required. Chaperones may not be peers. Volunteers must be at least 12 years old.

Number of participants: _____ YOUTH (anyone under age 18) _____ ADULT CHAPERONES

The age range of the youth is _____ to _____ .

OR

ADULT GROUP: A minimum of five individuals and a maximum of 20 participants are required.
Number of participants is: _____

TIME COMMITMENT: All one-time group volunteer projects are typically a four-hour commitment.

What time would you prefer? (Circle preference.)

8 a.m. to noon OR 10 a.m. to 2 p.m.

If unable to do a four-hour commitment, please provide your time availability:

_____ to _____

What date or dates is your group available to volunteer?

_____ (option one) OR _____ (option two)

Are there any physical or other limitations that we should consider when assigning a project to your group? If so, please explain in detail: _____

How did you learn about volunteer opportunities at Kona Historical Society?

- KHS employee KHS volunteer School Other _____
 Newspaper Radio konahistorical.org Family or friend Community organization

Make your volunteer effort twice as nice! Indicate if your employer and/or group has:

- A gift matching program Days of service Event sponsorship

Volunteering isn't the only way for organizations to make a difference in helping Kona Historical Society fulfill its mission of collecting, preserving and sharing the history of the Kona Districts and their larger context in the history of Hawaii. Are you interested in learning about more opportunities to partner with or support Kona Historical Society? Yes No

GROUP VOLUNTEER POLICY: I understand that if accepted as a Kona Historical Society volunteer group, I and the members of my group agree to abide by any and all of the organization's policies and procedures. I also understand if I and/or members of my group do not abide by museum policies, rules and regulations, we may be dismissed as volunteers and not invited back.

I have also read, understood and agreed to the following:

- The size of youth groups must be a minimum of five students and one chaperone and an maximum of 10 students and two to three chaperones. Chaperones may not be peers.
- The size for adult groups must be a minimum of five individuals and maximum of 20 individuals.
- Volunteers must be at least 12 years old.
- For all volunteers under age 18, I must provide an adult to youth ratio that ensures the proper safety and oversight of all students.
- For a group to volunteer, a group coordinator must be identified and that group coordinator is responsible for the safety and wellbeing of all group members. The group coordinator is also responsible for providing coordination and supervision for the group while volunteering with Kona Historical Society, as well as ensuring all group members adhere to Kona Historical Society rules and procedures.
- It is the responsibility of the coordinating group to obtain some type of signed parental consent form for group members under the age of 18, which must be brought to the project day by the group coordinator and given to Kona Historical Society which will retain the forms in case of an emergency.
- My group will adhere to Kona Historical Society's policy that all staff, including volunteers, must report to work and remain completely free from the presence of drugs and the effects of alcohol.
- Kona Historical Society reserves the right to reject a volunteer or a group for any reason which Kona Historical Society, in its sole judgement, determines will or may affect its best interests. Furthermore, Kona Historical Society reserves the right to withhold the reason for such refusal.
- Kona Historical Society cannot guarantee volunteer placement. However, Kona Historical Society will make every effort to match all volunteer applicants to volunteer opportunities based on the needs of Kona Historical Society and the interests and abilities of the volunteer.

PRINT NAME OF GROUP COORDINATOR: _____

GROUP COORDINATOR'S SIGNATURE: _____

DATE: _____



PARENT/LEGAL GUARDIAN CONSENT FORM

This form is required for all Kona Historical Society volunteers under the age of 18.

I grant permission for _____ (**child's name**) to participate in volunteer activities with Kona Historical Society, and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Kona Historical Society from any claims or lawsuits brought against it by myself, my child or others that arises out of any behavior or actions of my child while participating in Kona Historical Society volunteer activities. I also agree to pay reasonable attorney's fees and expenses incurred by Kona Historical Society in defense of such a claim or lawsuit.

I support my child's volunteer commitment to the Kona Historical Society. I am aware that if selected, he/she will assume the responsibility of volunteering for the required time and I will ensure that he/she is present for the assignment or make sure his/her supervisor is notified of absences. I also agree to make certain my child attends all required training.

I understand that Kona Historical Society requires receipt of this release, signed by a parent or guardian, before a minor may serve as a volunteer. All volunteers under 18 years must be accompanied by a parent, legal guardian or a responsible adult chaperone, who will provide supervision. Chaperones may not be peers; nor can they be Kona Historical Society staff members. If I am not available to supervise and volunteer with my child, I give my consent for _____ (**name of chaperone or group coordinator**) to do so in my place. I agree that _____ (**name of chaperone or group coordinator**) is responsible for the safety and wellbeing of my child, for providing coordination and supervision for my child while volunteering, and for ensuring my child adheres to Kona Historical Society rules and procedures.

I understand that while serving as a Kona Historical Society volunteer my child may be photographed, video recorded and/or interviewed. Such photography, videography and interviews may be used for educational, promotional and/or commercial purposes. By signing, I agree to hold harmless the Kona Historical Society from any claim arising out of, or pertaining to, the use of my child's image, likeness, voice or words for the above stated purposes.

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. In the event of any emergency, if you are unable to reach me at the following numbers, contact the emergency contact below.

Parent/guardian: _____
Name Home Phone Cell Email

Name Home Phone Cell Email

Emergency contact other than parent/guardian:

Name Relationship Home Phone Cell Email

I hereby acknowledge that I have read the above statements and understand them. I agree to all of the above stated considerations and conditions.

PRINT NAME OF PARENT/LEGAL GUARDIAN: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

RELEASE, ASSUMPTION OF RISK & INDEMNITY AGREEMENT WAIVER

This form is required for all group members, adult and youth, volunteering with Kona Historical Society.

In consideration of the Kona Historical Society, their agents, Board of Directors, members, employees and volunteer staff, participants and all other persons or entitles acting in any capacity on their behalf, I hereby agree to release and discharge Kona Historical Society on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- I acknowledge that the activities entail known and unknown risks and dangers which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. My participation in this activity is entirely voluntary, and I elect to participate in spite of the risks. I expressly understand and agree to assume all such risks.
- I hereby voluntarily release, discharge, covenant not to sue, and agree to indemnify and hold harmless Kona Historical Society from any claims, demands or causes of action, which are in any way connected with my participation in this activity, or my use of Kona Historical Society equipment or facilities, including such claims which allege negligent acts of omissions by Kona Historical Society.
- I further acknowledge specifically, no representations or warranties have been made that the activity will be safe for any purpose.

By reading and signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity. I may be found by a court of law to have waived my right to maintain a lawsuit against Kona Historical Society on the basis of any claim for which I have released therein.

I HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND I AGREE TO BE BOUND BY ITS TERMS.

VOLUNTEER’S NAME (PRINTED): _____

VOLUNTEER’S SIGNATURE: _____

DATE: _____

If you’re a volunteer under the age of 18, the following is required:

PARENT/GUARDIAN’S NAME (PRINTED): _____

PARENT/GUARDIAN’S SIGNATURE: _____

DATE: _____