



Confidential Youth Volunteer Application

Volunteer Coordinator Carolyn Lucas-Zenk **phone** 808-323-3222
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Please print clearly and complete all sections.

Name: _____
First Middle Last

Home address: _____
Number Street Apartment

City State Zip

Current telephone: _____
Home Cell

Email address: _____

Emergency Contact: _____
Name Phone Relationship

Preferred method of communication: Email Phone Mail All

Birth Date: _____ Shirt size: XS S M L XL XXL

TIME COMMITMENT: The average volunteer shifts are 2 to 3 hours, with some exceptions.

The days and hours I'm available after school and on weekends are:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

The days and hours I'm available during the summer and school breaks are:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Which months would you be available for volunteer work?

January February March April May June July August
 September October November December

CREDIT OR SERVICE HOURS: You're responsible for making arrangements with your school, organization or club to receive credit or community service hours for this internship.

Are you getting credit or community service hours ? Yes No If yes, explain the requirements that must be fulfilled by you and Kona Historical Society, including the number of hours needed, the paperwork that must be completed, and any deadlines.

Student Classification: Freshman Sophomore Junior Senior Graduate

School: _____

School Address: _____
Number Street Apartment No.

_____ City State Zip

Advisor: _____
Name Phone Number Email

QUESTIONS:

Why do you want to be a Kona Historical Society volunteer?

What do you hope to gain from volunteering?

What are your future career goals?

What types of activities are you involved in at school and after school?

Check the areas of interest and skills you can offer:

<input type="checkbox"/> Bread program support	<input type="checkbox"/> Auction model	<input type="checkbox"/> Graphic design	<input type="checkbox"/> Data entry
<input type="checkbox"/> Gardening	<input type="checkbox"/> Food making	<input type="checkbox"/> Photography/video	<input type="checkbox"/> Language translator
<input type="checkbox"/> Animal care helper	<input type="checkbox"/> Food serving	<input type="checkbox"/> Event helper	<input type="checkbox"/> Research
<input type="checkbox"/> Greeter	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> General office tasks	<input type="checkbox"/> Docent
<input type="checkbox"/> Decorator	<input type="checkbox"/> Art making	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Visitor services
<input type="checkbox"/> Publicity helper	<input type="checkbox"/> Recycling/green efforts	<input type="checkbox"/> Audio/visual help	<input type="checkbox"/> Other _____

Are you able to perform the essential functions of the volunteer position for which you are applying for, either with or without reasonable accommodation? Yes No

If no, describe the function that cannot be performed.

Have you volunteered before? Yes No If yes, name the organization you volunteered for and explain what you did.

Have you ever been convicted of a criminal offense? Yes No If yes, state nature of the crimes, when and where convicted and disposition of the case. Please note: Convictions of marijuana-related offenses that are more than two years old need not be listed.

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

KHS employee KHS volunteer School Other _____
 Newspaper/Radio Social Media konahistorical.org Family/Friend Organization

PARENT/LEGAL GUARDIAN CONSENT & LIABILITY RELEASE FORM: Every volunteer under the age of 18 must have parent or legal guardian consent.

I grant permission for _____ (**name of child/applicant**) 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**) to do so in my place. I agree that _____ (**name of chaperone**) is responsible for the safety and wellbeing of my child, for providing coordination and supervision for my child while volunteering and to ensure 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. I hereby acknowledge that I have read the above statements and understand them. I agree to all of the above stated considerations and conditions.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE OF YOUTH VOLUNTEER APPLICANT: _____

DATE: _____