

# Kea'au Middle School -Volunteer Application

Thank you for your interest in becoming a volunteer at KMS. As part of the process to become a volunteer, we will require that you authorize us to perform a background check in order to determine your eligibility. After your application is returned a background check will be performed at no cost to you. Once your background check is successfully completed, you will have an orientation with the PCNC to discuss your application to find the best volunteer fit for you.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Best phone: \_\_\_\_\_ email: \_\_\_\_\_

Education: \_\_\_\_\_ HS Diploma \_\_\_\_\_ College Level Completed: \_\_\_\_\_

Are you currently working: \_\_\_\_\_ If so how many hours/week: \_\_\_\_\_

Work experience (current or past) \_\_\_\_\_

\_\_\_\_\_

Types of volunteer work you are interested in: \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Interests, skills, hobbies: \_\_\_\_\_

Do you have a driver's license: \_\_\_\_\_ Transportation: \_\_\_\_\_

How many hours per week do you want to volunteer: \_\_\_\_\_

When are you available to volunteer: \_\_\_\_\_

\_\_\_\_\_

Kea'au Middle Student's name if applicable: \_\_\_\_\_

Please provide at least (3) personal references. Previous employers are acceptable:

| Name     | Phone | Relationship |
|----------|-------|--------------|
| 1. _____ | _____ | _____        |
| 2. _____ | _____ | _____        |
| 3. _____ | _____ | _____        |

Do you have health insurance? \_\_\_\_\_ Provider's name: \_\_\_\_\_

Policy number: \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_

Name relationship

Cell: \_\_\_\_\_ home: \_\_\_\_\_

Are there any circumstances that would limit your desire or ability to volunteer (i.e. health or disability issues)? Please describe below:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a current TB clearance: \_\_\_\_\_ Date read: \_\_\_\_\_

I have read the volunteer packed provided to me and I understand Kea'au Middle School's rules and expectations of me. \_\_\_\_\_

Signature

date

Please return form: KMS, Attn: PCNC, 16-565 Kea'au-Pahoa Rd, Kea'au, HI 96749 or via fax: 982-4219.  
For questions, please call Esther Atwell at 313-4868 room P3 – Parent Center.