

# LANAKILA PACIFIC

Volunteer Application Rev 02/11



## APPLICANT INFORMATION

Last Name		First	
Address			
City		State	
Zip			
Email		Twitter @	Facebook
Phone		Home / Work / Cell	Alternate Phone
		Home / Work / Cell	Home / Work / Cell
Driver's License No. <small>(Only if you will be driving.)</small>		Issuing State	Expiration Date <small>(MM/DD/YY)</small>
Emergency Contact	Name		Phone
			Home / Work / Cell
Are you a student?		YES <input type="checkbox"/> NO <input type="checkbox"/>	School
Occupation		Employer	
Do you need to report your volunteer hours?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Please explain.
Are you volunteering as part of a group?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Group
Do you have experience working with older or disabled persons?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Please explain.
Please tell us about yourself; skills, interests, hobbies, special talents, licenses, certificate, etc.			
Do you have personal health insurance?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Please list any health condition that may require special care or medication.
How did you hear about Lanakila Pacific?			
<input type="checkbox"/> Friend	<input type="checkbox"/> Lanakila Pacific Staff	<input type="checkbox"/> Program Participant	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Advertisement	<input type="checkbox"/> RSVP	<input type="checkbox"/> Event: What event?	<input type="checkbox"/> Other: Please specify

## VOLUNTEER INTEREST Please check all that apply.

<input type="checkbox"/> Lanakila Meal on Wheels – HD (Home Delivery)	<input type="checkbox"/> Lanakila Meal on Wheels – Packaging
<input type="checkbox"/> Lanakila Meal on Wheels – KWC (Kupuna Wellness Centers)	<input type="checkbox"/> Lanakila Meal on Wheels – Care Calls
<input type="checkbox"/> Lanakila Meal on Wheels – Medi Wheels	<input type="checkbox"/> Lanakila Meal on Wheels – Handy Wheels
<input type="checkbox"/> Lanakila TLC (Teaching and Learning Centers)	<input type="checkbox"/> Office / Administrative Support
<input type="checkbox"/> I would like to offer my expertise in:	

## AVAILABILITY Please write when you are available to volunteer on each day, 7am – 4pm.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
						CLOSED

## CONFIDENTIALITY & RELEASE WAIVER

**Confidentiality Agreement:** As a volunteer for Lanakila Pacific, I understand that there may be times I may come in contact with confidential and/or personal information. I acknowledge that the unauthorized disclosure of information would violate Lanakila Pacific's client right to privacy. I hereby recognize that it is my responsibility to protect such information and pledge to keep such information in absolute confidence. I further acknowledge that should I violate this confidentiality agreement it may lead to an immediate termination from the volunteer program and legal action taken upon me by Lanakila Pacific to the full extent of the law based on the severity of the damages.

**Release Waiver Agreement:** I am to assist Lanakila Pacific in its sponsored events and do so voluntarily. I agree to hold Lanakila Pacific, its staff, volunteers, and participants harmless from all liability including those resulting in personal injuries, damages, claims and losses I may incur as a result of my participation in this sponsored event. I further grant full permission to Lanakila Pacific and its authorized agents to use my name, photographs, and voice recordings in connection with any publicity, training material, television production, internet, including company intranet and world-wide web exposure, or any other record of this event for any Lanakila Pacific purpose. I further understand that no special compensation will be provided to me for use of my image and that I may not be informed of the specific use of my image.

## DRIVERS AGREEMENT Applicable to Lanakila Meals on Wheels volunteers only.

In my participation as a volunteer driver for Lanakila Pacific/Lanakila Meals on Wheels, I/We hereby release, waive, discharge and covenant not to sue Lanakila Pacific, its directors, officers, agents, members, and employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in or preparing for, or executing the delivery of meals to homebound seniors or other activities for Lanakila Pacific.

To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems which would preclude or restrict my participation as a volunteer in Lanakila's Meals on Wheels delivery driver program. I/We am/are fully aware of risks and hazards connected with the event named above and I/We hereby elect to voluntarily participate in said activity, knowing that the activity may be hazardous to me/us and my/our property. I/We voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me/us, or any loss or damage to property owned by me/us, as a result of being engaged in such an activity.

I/We carry adequate personal liability vehicle insurance necessary to provide for and pay any costs that may directly or indirectly result from participation in this activity. I/We agree to indemnify and hold harmless Lanakila Pacific, its directors, officers, agents, members, and employees, from any loss, liability, damage or costs, including court costs and attorney's fees that may be incurred, due to participation in the volunteer driver program.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

## CRIMINAL HISTORY REFERENCE CHECK Due to the vulnerable nature of our clients/participants, we must conduct this check.

Any alias(es) or former name(s); including maiden name

SSN  Birth Date (MM/DD/YY)  Male  Female

Please check the appropriate box:  I have never been convicted of a crime.  
 I have been convicted of the following crime(s). To the best of your ability, please list date and place of conviction, offense and sentence/fine. Please do not include minor traffic violations with fines of \$50 or less.

I understand that a criminal history name check can be conducted on me for the purpose of determining my qualifications to be accepted into the volunteer program or provide direct care services to clients/recipients/designees of Lanakila Pacific's programs or services. I further understand that this routine check through the Criminal Justice Data Care Center may be conducted annually. I authorize full disclosure of any and all convictions listed above as it related to the provision of care of services for vulnerable individuals. I declare penalty of perjury that the foregoing is true, correct and complete.

By signing here, I acknowledge that I have read, understand, and accepted the above statements.

Print name

Signature

Date

Parent/Guardian Signature (If applicant is under 18 years old.)