



FOR OFFICE USE

Volunteer Ref # _____ Date _____

Volunteer Application Form

Thank you for your interest in volunteering with *Kaua`i Museum`s Volunteer/Docent Program*

Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Mr. Mrs. Miss. Ms.

Postal Address: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____ Birth-date: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Health (list any allergies, special conditions, etc.)

Where did you hear about the Kaua`i Museum`s Docent/Volunteer Program?:

If you are a student under age of 18, please list parent names and phone numbers:

Education

Name of School: _____ Grade: _____

High School: _____ Graduation year or present grade: _____

College: _____ Graduation year and degree: _____

Graduation Work: _____

Adult Education Classes / Professional of Trade Schools: _____

Favorite Subjects or major(s): _____

Employment: *(briefly describe any part-time or full-time employment and list approximate dates)*

1. _____
2. _____
3. _____

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Do you have experience with children (teaching, scouting, sports coaching)?

3. Do you have any particular skills or qualities that you could use in your voluntary work?

4. Explain your interest in the Kaua`i Museum and what you hope to gain by your affiliation.

5. When are you available for voluntary work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

6. How long do you intend to volunteer for? _____

References

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you have any queries when completing this application form, please phone (808)245-6931 or e-mail education@kauaimuseum.org If you would like to find out more about **Kaua'i Museum's Volunteer/Docent Program**, log onto our website www.kauaimuseum.org/volunteer-docent-program/

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Kaua'i Museum.

Signed _____ Date _____

For office use only

Notes

Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date _____