

ALAH Volunteer Information

(PLEASE PRINT)

Mr. Ms. Mrs. Other Title

NAME: _____

ADDRESS: _____

CITY: _____, HAWAII ZIP: _____

DAY PHONE: _____ E-MAIL: _____

CELL: _____ OCCUPATION: _____

Birthday MM/DD/YY: _____ Are you under the age of 18? YES NO

Social Security # _____ - _____ - _____ (For Background Check)

IF YOU ARE WORKING:

EMPLOYER: _____

Does your employer have a formal volunteer program? YES NO

Does your employer offer volunteer assistance grants to organizations where employees participate as volunteers? YES NO

IF YOU ARE A STUDENT:

School: _____ Grade/Class: _____

EDUCATION: High School College Student
 College Grad Other

College Major/Area of study _____

How did you hear about volunteer opportunities at the American Lung Association in Hawaii? _____

Why are you interested in volunteering? _____

Have you volunteered with ALAH before? YES NO

If yes, where, when and what was your assignment? _____

Please list skills you have that you would like to share with ALAH:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Medical expertise |
| <input type="checkbox"/> Entertainer | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Inventory | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Marketing | |

Languages (please specify) _____

Other skills: _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

REFERENCES:

Name: _____ Phone: _____ Island: _____

Relationship: _____ Years known: _____

Name: _____ Phone: _____ Island: _____

Relationship: _____ Years known: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

_____	_____	_____
Name	Day Phone	Night Phone

PLEASE READ THIS STATEMENT, THEN SIGN BELOW IF YOU AGREE

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will be cause for refusal or termination from the Association. I authorize the Association to run the appropriate background checks required for this position.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____
(if applicable)

“FIGHTING FOR AIR”