



**University of Hawaii at Manoa  
Pacific Cooperative Studies Unit**

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**Single Activity Volunteer Application Form**

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Best time to call: \_\_\_\_\_ E-mail: \_\_\_\_\_

**In case of emergency, who should we notify?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

I certify that the information provided on this Volunteer Application Form is true and accurate, and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I have read the Volunteer Position Description. If selected, I will comply with all requirements specified by the project supervisor and acknowledge that the University may at its discretion terminate my participation in providing volunteer services at any time.

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Print Name/Signature of Parent/Guardian (if under 18 years)** **Date**

*To be completed by Project Supervisor or Volunteer Coordinator and PCSU*

Project Service Group: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Volunteer Job Title: \_\_\_\_\_

Project Volunteer Supervisor: \_\_\_\_\_

PI or Authorized Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

College of Natural Sciences