



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

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Regular Volunteer Application Form

Project Name: _____ Project Number: _____

Date of Application: _____ Start Date: _____

Name: _____ End Date (max.1 yr): _____

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): _____

Briefly describe your interest in becoming a volunteer with our program: _____

How did you find out about our volunteer program? _____

Education/Training and Specialized Skills: (Proof may be required if related to job safety)

High School College Graduate Degrees: _____

Certification: (Proof may be required if related to job safety)

Basic First Aid CPR Driver's License Other (specify): _____

Special skills: Describe any specialized skills and level of proficiency: (e.g. backpacking,

computer, event planning, horticulture, plant/wildlife identification, writing, etc) _____

Special interests: Describe any special hobbies or interests you enjoy: _____

Are you a UH Student? Yes No

Employment

Current Employer:_____ Job Title:_____

Current work schedule:_____

Name & telephone number of immediate supervisor:_____

Volunteer Experience (briefly describe previous volunteer experience; include organization names, type of work, and dates of volunteer service).__________
_____**Availability for Volunteer Service:** (How often would you like to volunteer?)

_____ once/month _____ once/week _____ twice/week _____ other

circle days of week preferred: M T W Th F

Personal Reference:_____ E-mail / phone:_____**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 am authorizing PCSU to contact my former and current employer for references. 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. Volunteer applications must be renewed annually to maintain updated records.

Signature of Applicant_____
Date_____
Print Name/Signature of Parent/Guardian (if under 18 years)_____
Date*To be Completed by Project Supervisor and PCSU*

Date Interviewed:_____ Reference Checked:_____ Position Description:_____

Selected:_____ Not Selected:_____ Project Service Group:_____

Volunteer Job Title:_____

Project Volunteer Supervisor:_____

PI or Authorized Rep:_____ Date:_____

Authorized by:_____ Date:_____

College of Natural Sciences

Revised 1/31/09