



O‘ahu Army Natural Resources Program VOLUNTEER APPLICATION

Please read the following information *before* filling out the application.

- ✓ **TYPE form, if possible**
 - *or* write LEGIBLY in black or blue ink
 - no pencil, please!
- ✓ **Fill out ALL sections of form**
 - please write “N/A” or “none” for sections that do not apply
 - If you are not employed, please write in “retired,” “full time student,” or whatever is appropriate.
- ✓ **Use a LOCAL emergency contact**
 - if out of state area code, write “on island” or “local”
 - emergency contact cannot be someone who will be on the same volunteer trip
- ✓ **Please be sure to sign in the appropriate signature line (digital signatures are fine)**
 - no need to sign/write in the parent/guardian signature line unless you are a parent or guardian of the applicant
- ✓ **Turn in forms *at least 3 weeks prior* to volunteer trip**
 - processing can take up to 3 weeks, so please submit your form in advance to ensure you’re approved before the trip date

Please note that the Research Corporation of the University of Hawai‘i (RCUH) conducts a light background check for each applicant as part of the application process.

Please call (808)656-7741 or email outreach@oanrp.com if you have any questions on filling out the form. Once completed, please email (see email addresses above) or fax to (808)656-7471. Mahalo!



RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII VOLUNTEER APPLICATION FORM

Name of Volunteer:		Date of Application:	
Address:			
City, State, Zip Code:			
Phone #:		Email:	
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Briefly explain your interest in becoming a volunteer with our program:

Education/Training & Specialized Skills (Proof required if related to job safety):

Highest Level of Education:
 High School Associate's Degree Bachelor's Degree Master's Degree Graduate Degree
 If degree obtained, please specify field of study: _____

License and Certifications (please provide proof of license/certification):
 Basic First Aid/CPR/AED SCUBA Driver's License (____Type) Other: _____

Specialized or Computer Skills (Describe any specialized skills- art, writing, computer, software language, foreign language, hiking experience, etc.):

How did you learn about the Project's Volunteer Program?

Volunteer Experience (Briefly describe any volunteer experience you have performed. Identify agency, type of work, and dates of volunteer service):

Schedule of Availability for Volunteer Work:

Day of Week	Time (i.e. 8:00 – 10:00 a.m.)	Day of Week	Time (i.e. 8:00 – 10:00 a.m.)
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday		<input type="checkbox"/> I am available anytime	

Current Employment:

Name of Company:	
Job Title:	
Supervisor's Name:	Supervisor's Phone #:
How many hours do you work per week?	

Reference:

Name:	
Phone #:	Email Address:

In case of Emergency, who should we notify?

Name:	Relationship:
Phone #:	Email Address:

Please Read Carefully and Sign:

I certify that the information provided on this volunteer Application Form is true and accurate. I am authorizing the Project to contact my reference listed above. I have read the Project's Volunteer Program Outline and the Volunteer Position Description. If selected, I will comply with all requirements specified by my supervisor and acknowledge that the job offer for this volunteer position is conditional upon successful passing of a criminal background check of which I authorize RCUH to access this information. I fully understand what is expected of me if I am selected for this volunteer program. Any misrepresentations provided on this form may result in my immediate dismissal from the program.

Signature of Applicant

Date

Print Name/Signature of Parent Guardian (if under 18 years)

Date

For Principal Investigator/Project Use Only:

Date Interviewed: _____ Date of Reference Check: _____ Select Not Selected

Name of Project Volunteer Coordinator: _____

Phone #: _____ Email Address: _____

Principal Investigator Signature: _____ Reference: _____

RCUH Human Resources Use Only:

Criminal Background Check Completed By: _____ Date: _____

No Criminal History No Criminal History w/in last 10 yrs. Conviction bears no rational relationship to job

RCUH Human Resources: Approved OR Disapproved

Authorized by: _____

RCUH Human Resources Department

Date