



TB read date:	_____
CB clearance	_____

KAMEHAMEHA SCHOOLS®

KS KAPĀLAMA – APPLICATION TO VOLUNTEER 2017-2018 SY

PERSONAL INFORMATION

Name (Print: Last, First, Middle): _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Best Phone: _____ Relationship: (to student): _____

Please list all KS students:

Student's Name: _____	Grade: _____	ID #: _____
Student's Name: _____	Grade: _____	ID #: _____
Student's Name: _____	Grade: _____	ID #: _____
Student's Name: _____	Grade: _____	ID #: _____

VOLUNTEER'S EMERGENCY CONTACT INFORMATION

Primary Contact Name (Print): _____ Relationship (to volunteer): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Best Phone: _____ Alternate Phone: _____

CONFIDENTIALITY PLEDGE

I agree that in conjunction with my volunteering any and all information obtained by me or disclosed to me during my service at KS which includes information not generally known to the general public or other departments within KS are strictly confidential and proprietary to KS and shall be treated as confidential information. I covenant in perpetuity that such information shall not be disclosed, discussed or revealed to any persons, entities or organizations. I understand and acknowledge this Confidentiality provision is a mandatory condition for KS to permit me to participate as a volunteer. I agree that KS would suffer irreparable harm if I breach this Confidentiality Pledge and therefore both parties agree that if such breach occurs, my service shall immediately terminate, and KS may take further appropriate action.

STATEMENT OF UNDERSTANDING /APPROVAL SIGNATURE

I hereby certify that the above information is true and correct and that the Kamehameha Schools may rely upon and release any such information they deem advisable under the circumstances. I assume all risks of injury, damage or loss I sustain while I am on KS's premises or while I am participating in any KS program or service arising out of any cause whatsoever, and I hereby waive, release, and discharge KS of liability for such injury, damage or loss.

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK & STATEMENT OF UNDERSTANDING

I authorize Kamehameha Schools to conduct a criminal history record check, which may include fingerprinting, in accordance with the procedures specified under section 302C-1 and 378-3 of the Hawaii Revised Statutes, to determine my suitability for working in close proximity to children. I understand that if Kamehameha Schools finds by reason of the nature and circumstances of such crime(s), if any, that I pose a risk to the health, safety, or well-being of children Kamehameha Schools may refuse to consider me as a volunteer. I hereby agree to release, indemnify and defend Kamehameha Schools, its trustees and employees, from all liability for any damage whatsoever that may arise from my disclosing this information. I swear under penalty of perjury that the above is true and correct.

Volunteer's Signature: _____ **Date:** _____

Soc. Sec. # (required): _____ **Birth Date (required):** _____

SSN # REQUIRED FOR THE PURPOSE OF CONDUCTING A CRIMINAL BACKGROUND CHECK.

Send completed application along with completed FORM B to:

Kamehameha Schools Kapālama, Parents & Alumni Relations, 1887 Makuakāne Street Rm. 219, Honolulu, HI 96817

**KS KAPĀLAMA
Volunteer TB Questionnaire 2017-18 SY**

This form is mandatory and must be submitted with your volunteer application yearly.
Please complete this TB Questionnaire to determine if a NEW TB test is required.

Volunteer Name (Last, First): _____

QUESTIONS	NO	YES
Do you anticipate volunteering for at least 15 days during the 2017-18 school year?		
Since your last TB Test results were submitted to KS, have you had a POSITIVE TB Test?		
Has a FAMILY MEMBER or a CLOSE CONTACT had a POSITIVE TB Test result OR Tuberculosis disease since your last TB test results were submitted to KS?		
Have you traveled to any high-risk tuberculosis areas like Africa, Asia, Eastern Europe, Central America, South America, Mexico, Caribbean, Japan, Philippines or the Middle East for more than one week since your last TB Test results were submitted to KS?		
Has anyone living in your household come to the US from a high-risk tuberculosis area like Africa, Asia, Eastern Europe, Central America, South America, Mexico, Caribbean, Japan, Philippines or the Middle East in the past 5 years?		
Have you worked or volunteered in a correctional facility, nursing home, homeless shelter, healthcare facility or hospital since your last TB Test results were submitted to KS?		

- If you responded “NO” to **all** of the above, **no TB skin test is required**; please submit Forms A & B.
- If you responded “YES” to **any** question, please provide documentation of a negative TB skin test performed within the past twelve months, or take this form to have a TB skin test done and documented below, before submitting this form WITH Form A.

PPD SKIN TEST

(To be completed by your Medical Services Provider or KSK Medical Services Department)

Volunteer name: _____ Birth Date: _____

Date PPD given: _____ Time: _____ Site: right / left forearm Administered by: _____

Date PPD read: _____ Results: _____ mm Induration. Read by: _____

If PPD is **positive**, please document chest X-ray date: _____ Chest X-Ray results: _____

Return to: Kamehameha Schools Kapālama
Parents & Alumni Relations
1887 Makuakāne Street Rm. 219
Honolulu, HI 96817