



CBC Date:	_____
TBC Date:	_____

KAMEHAMEHA SCHOOLS®

KS KAPĀLAMA APPLICATION TO VOLUNTEER - 2018-19 SY

PERSONAL INFORMATION

Print Name (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 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.

Do you anticipate volunteering for at least 30 days during the 2018-19 school year?	NO	YES
Will your volunteering involve unsupervised interaction with students or an overnight stay as part of a field trip, activity or sport?	NO	YES

If you answered "YES" to either question above, PAR will contact you for the next step.

Volunteer's Signature

Date

Social Security Number (Required)

SSN# required for purpose of conducting a criminal background check

Birthdate (Required)

Send completed application to:

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