



KAMEHAMEHA SCHOOLS Volunteer Application Form

Personal Information					
Print Name (Last, First, Middle): _____					
Home Address: _____ _____					
<i>City</i>		<i>State</i>		<i>Zip Code</i>	
Home Phone: _____	Work Phone: _____	Email Address: _____			
Volunteer Questionnaire <i>(please circle appropriate answers)</i>					
Do you anticipate volunteering for more than 10 hours per week at a preschool or more than 30 days during the school year at another KS educational site? <i>Note: TB Clearance required if answering 'yes' to this question.</i>				Yes	No
Please indicate which activities you anticipate volunteering for: <i>Criminal history background checks are required for participation in certain volunteer activities</i>					
<i>Background check may be required</i>			<i>Background check required</i>		
One-Day Class Fieldtrip or Activity	School/Campus Events (e.g. Ho'olaule'a, Song Contest, League Sporting Events)	OTHER: _____	Overnight Event or Travel Chaperone	Athletic Coach Volunteer	
Please list any related children attending KS (if applicable)					
Student's Name:	Location/Grade:	ID #:	Relationship to Child:		
Volunteer Emergency Contact Information					
Primary Contact					
Name (Last, First, M.I.): _____			Relationship: _____		
Home Address: _____ _____					
<i>City</i>		<i>State</i>		<i>Zip Code</i>	
Home Phone: _____	Work 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

I hereby certify that the information provided on this form is true and correct and that KS 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' premises and/or while I participate as a volunteer in any KS program or service arising out of any cause whatsoever, and I hereby waive, release, and discharge KS and its employees of liability for such injury, damage or loss.

Authorization to Conduct Criminal Background Check

I authorize Kamehameha Schools (KS) to conduct a criminal history record check, which may include fingerprinting, in, 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 my volunteer services. 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:

FOR KS USE ONLY:

KS Supervising Staff's Name / Title (Print):

KS Supervising Staff's Signature:

Date:

(As applicable) KS Sponsoring Coach's Name (Print):

(As applicable) KS Sponsoring Coach's Signature:

Date:

Name of KS Location / Program / Sport:

Upon completion, please return this form to:

Mailing:

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

Email: par@ksbe.edu

Fax: 808-843-3501

For any questions or inquiries please call 808-842-8680 or 1-800-842-IMUA ext.28680