



HINA MAUKA

VOLUNTEER APPLICATION

Name (Last, First, MI)		Social Security #	
Address (Street, City)		Zip Code	Phone
E-mail address			
Birthdate	In case of emergency, notify (name, relationship, phone)		

Please check () those time slots below when you will be available for practicum learning.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings (8a.m.-12 p.m.)							
Afternoons (12p.m.-4p.m.)							
Evenings (4 p.m.-8 p.m.)							
Other hours available							

I will be able to start on (Month/Day)
Area of work preferred
Physical limitations
Special training/interests/hobbies (or attach resume)
Volunteer/work experience (or attach resume)
Two references (not relatives): Name, address, phone
1.
2.
Do you know anyone currently working at Hina Mauka? If yes, who.

I agree to abide by the policies and regulations of Hina Mauka and to participate in orientation, training and supervision as required by the agency.

Signature

Date

Please complete and submit volunteer application with resume to:

Hina Mauka Human Resources

E-mail: hr@hinamauka.org

Please use "Volunteer" in the subject heading.