

Volunteer Application for After-School All-Stars Hawaii



Contact Information	
Name	
Street Address	
City, State Zip Code	
Home Phone/Cell Phone	
E-Mail Address	
Are you presently attending High School	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of High School: _____ If yes please provide the name and phone number of one of your High School Teachers who can provide a reference for you? Name: _____ Phone: _____
Did you take part in an ASAS Program in Middle School?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and when? _____
Are you over 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Availability
During which hours are you available for volunteer assignments?
<input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekend mornings <input type="checkbox"/> Weekday afternoons <input type="checkbox"/> Weekend afternoons <input type="checkbox"/> Weekday evenings <input type="checkbox"/> Weekend evenings

How would you like to help?
Tell us in which areas you are interested in volunteering
<input type="checkbox"/> Events <input type="checkbox"/> Administration <input type="checkbox"/> Marketing <input type="checkbox"/> Fundraising <input type="checkbox"/> Enrichment/Recreational Classes <input type="checkbox"/> Tutoring <input type="checkbox"/> Other (Please Specify)

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Work/Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that a background check (State and Federal) will be conducted before I can volunteer for After-School All-Stars Hawaii.

I agree, that if I am selected to be a volunteer at After-School All-Stars Hawaii, I will volunteer for at least 20 hours per quarter, said hours will be at the convenience of the program.

Name (printed)	
Signature	
Parent's signature (if under 18)	
Date	

Our Policy

It is the policy of After-School All-Stars Hawaii to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Because we work in conjunction with the Department of Education, all adult volunteers will be required to undergo a State and Federal background check.

FOR ASAS ADMINISTRATIVE USE ONLY

Volunteer is: (Check All that apply)

- Over 18 Under 18 Attending High School An alumni of ASAS

If volunteer is a High School Volunteer

Mandatory:

- Application complete and signed by parent.

At least one of the two below must be checked:

- Recommendation by ASAS staff member

Name: _____ Date: _____

- Recommendation by High School Teacher

Name: _____ Date: _____

If volunteer is over 18 years old, please check all that apply:

All must be checked:

- Application complete and signed eCrim Fingerprinting SC Interview

FOR COO ONLY: