

# 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	

Date	
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**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:

Completed 20+hours