



After-School All-Stars Hawaii

ADULT Volunteer Application Form

for applicants 18 years old and older

APPLICANT INFORMATION

Full Name:					
Phone Number:		Email:			
Street Address:					
City:		State:		Zip Code:	
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/Intermediate School?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name of school and when: _____				
Are you over 18 years old?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Were you referred by a current ASAS employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name of Employee: _____				

AVAILABILITY

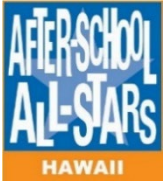
Please list your available hours for each day. Our programs take place on weekdays, but there may be occasional weekend opportunities. We require a minimum commitment of 20 hours/quarter.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
What school/program would you like to volunteer at?						
What dates would you start/end your volunteerism?		Start:			End:	

VOLUNTEER AREAS OF INTEREST

In which areas are you interested in volunteering?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Enrichment/Recreational Classes | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Marketing/Social Media | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other (Please Specify): _____ | | |



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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.

EMERGENCY CONTACT INFORMATION

Full Name (Last, First):		Relationship:	
Cell Number:		Home/Work Number:	

APPLICANT AGREEMENT

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.

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 OFFICE USE ONLY

<input type="checkbox"/> Application Complete & Signed	<input type="checkbox"/> Interviewed	<input type="checkbox"/> eCrim	<input type="checkbox"/> Fingerprinting
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