

PACIFIC HISTORIC PARKS

★ Remember ★ Honor ★ Understand ★

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION				
Name: Mr. Mrs. Ms				
Street Address		City	State	ZIP
Daytime Telephone Number		E-mail		
In Case of Emergency, Contact		Phone Number		
EDUCATION				
Level	Name and Location of Institution	Years Attended	Diploma / GED	
High School		--	Please circle: Yes No	
College:	Name of Institution	Years Attended	Major Field of Study	Degree
Undergraduate				
Graduate		--		
LANGUAGES				
Foreign Language	Speak and Understand		Can Read and Translate into and from	
	Fluently	Passably	Easily	Passably

WORK EXPERIENCE

(Summarize your last 10 years of employment)

Position	From -- To	Employer

PREVIOUS VOLUNTEER EXPERIENCE

Duties	From -- To	Organization

WHEN AVAILABLE

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

REFERENCES

(List two people who are not relatives who know about your abilities and knowledge)

Name	Name
Phone Number	Phone Number
Email	Email
Years Known/How Do They Know You	Years Known/How Do They Know You

SEND YOUR COMPLETED APPLICATION:

By Postal Mail to:

**Amy Malia Ogasawara
Donation & Volunteer Coordinator
Pacific Historic Parks
94-1187 KaUka Blvd
Waipahu, HI 96797**

By e-mail to: aogasawara@pacifichistoricparks.org

By phone: (808) 646-0641

For questions about completing this form, please contact our Volunteer Coordinator

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Pacific Historic Parks that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Pacific Historic Parks. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Pacific Historic Parks or my termination as a volunteer.

Signature _____ Date _____

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Volunteer Background Check Authorization Form

I authorize Pacific Historic Parks, to conduct a criminal background investigation as part of its volunteer screening and/or selection process. This information in part or in whole will be provided to Pacific Historic Parks in the form of a report provided by ADP.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that following my volunteer term should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteer term.

I further acknowledge that the scanned or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above referenced organization this authorization will remain in effect throughout my volunteer term.

Date: _____ Signature: _____

SSN: _____ Printed Name: _____

DOB: _____ Current Address: _____

Note: The following information will be used as identification purposes only in obtaining information to perform the background investigation.

Previous Complete Addresses for Past Seven (7) Years:

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List Any Other Names Used for Past Seven (7) Years

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Submitted Date: _____ Result Date: _____ Approved: _____ Denied: _____