



KCHA

Kauai Community Health Alliance

Sustainable Healthcare. Sustainable Community.

VOLUNTEER APPLICATION

NAME	SOCIAL SECURITY NO.
ADDRESS	PHONE
	BIRTH DATE

EMPLOYER NAME, ADDRESS, TELEPHONE NUMBER

JOB DUTIES

EDUCATION: HIGH SCHOOL GRADUATE? YES _____ NO _____ COLLEGE GRADUATE? YES _____ No _____

IF YOU ARE IN SCHOOL NOW, PLEASE PROVIDE THE NAME OF YOUR SCHOOL AND THE YEAR YOU PLAN TO GRADUATE:

PREVIOUS VOLUNTEER EXPERIENCE?

BRIEFLY DESCRIBE ANY TECHNICAL SKILLS

BRIEFLY DESCRIBE ANY LANGUAGE SKILLS

PLEASE LIST 2 REFERENCES, INCLUDING NAME AND TELEPHONE NUMBER:

(1)

(2)

WOULD YOU LIKE PATIENT CONTACT? YES _____ NO _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

PLEASE PROVIDE DAYS OF THE WEEK AND TIMES.

BRIEFLY DESCRIBE WHY YOU WANT TO VOLUNTEER:

IN CASE OF A DISASTER, WOULD YOU BE WILLING TO ASSIST IN ANY CAPACITY YOU FEEL QUALIFIED TO PROVIDE? YES _____ NO _____

PLEASE DESCRIBE BRIEFLY SKILLS YOU HAVE THAT YOU FEEL COULD BE USED TO ASSIST DURING A DISASTER. FOR EXAMPLE, PLEASE NOTE SKILLS IN EMERGENCY PREPAREDNESS, CRISIS MANAGEMENT, COMMUNICATIONS, TELEPHONING, LEADERSHIP, MANAGEMENT.

EMERGENCY NOTIFICATION: PLEASE PROVIDE NAME, RELATIONSHIP, ADDRESS AND TELEPHONE NUMBER.

OFFICE USE ONLY: ASGNMT: _____ DAY AND SHIFT _____ PPD _____ MMR _____

SIGNATURE

DATE