

EHCC & HMOCA - VOLUNTEER
141 Kalakaua St. Hilo HI 96720
PH (808) 961-5711
Email: lhazelman@ehcc.org



NAME: _____

ADDRESS: _____

CONTACT PH# & EMAIL _____

EMERGENCY CONTACT: _____

FIRST & LAST NAME / RELATION / PHONE NUMBER

PLEASE INDICATE ALL AREAS OF INTERESTS

- Gallery Grant Writing Membership Office Social Media/PR
 Security Gallery Store Events General Cleaning Workshops
 Building Maintenance Groundskeeping Other _____
 Performance Space (please list specific abilities) _____

DAYS AND TIMES AVAILABLE (AM-PM):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

LIST ANY PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE, WORK POSITIONS, SKILLS, TRAINING & SPECIALTIES:

ARE YOU VOLUNTEERING TO FILL AN HOUR REQUIREMENT? (Y/N) IF SO, HOW MANY HOURS?

PRINT & SIGNATURE _____ DATE: _____

PRINT & SIGNATURE OF PARENT/GUARDIAN (If under 18 years of age):

_____ DATE: _____

RECEIVED BY _____ DATE: _____

OFFICE USE:

APPROVED / NOT APPROVED Waiver Completed

Revised: 05/17