



## Volunteer Application

**Contact Information**

**Date** \_\_\_\_\_

First and Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Availability (Days that you can commit to with some regularity.)**

- SUN     MON     TUE     WED     THUR     FRI     SAT  
 Morning                       Afternoon                       Evening  
 Call if I'm needed.

**Education**

- High School     College

Last School Attended \_\_\_\_\_

Degree(s) earned \_\_\_\_\_

**Most Recent Volunteer experience**

Organization \_\_\_\_\_

Responsibilities \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Interests**

What interests or skills would you like to use at `Imiloa? Please check all that apply.

- Astronomy     Clerical     Computers     Curating  
 Public Speaking     Research     Docent Guide     Teaching  
 Storytelling     Hawaiian culture     Organizing events     Retail sales

Please list languages you speak: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

Please describe special skills, and explain why you would like to become a volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Because our volunteers may work with children, we are required to perform criminal history checks. (A record of conviction does not automatically disqualify you from volunteering.)

Have you been convicted of a felony?     No     Yes    If yes, please explain:  
\_\_\_\_\_

I certify that I am at least 14 years old and that the statements in this volunteer application are true and voluntary. If the information provided is untruthful, I understand that I will be released from the volunteer program. I realize that the information may be disclosed to any party with legal and proper interest, and I release `Imiloa Astronomy Center from any liability for supplying such information. I understand that I will not be paid for my services as a volunteer, and that filling out an application does not guarantee my acceptance into a volunteer position.

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

Signature of Parent or Guardian, if applicant is under 18:

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Emergency Contact Name and Telephone: \_\_\_\_\_

**Optional Information:**

Date of Birth \_\_\_\_\_ Gender:     Female     Male

**Questions?**

**Contact Roxanne Ching: 808-969-9704 or [info@imiloahawaii.org](mailto:info@imiloahawaii.org)  
Please mail the completed application to Volunteer coordinator at the address below, or drop off at the front desk during business hours.**

`Imiloa Astronomy Center of Hawai`i  
600 `Imiloa Place            Hilo, Hawai`i 96720  
808-969-9700  
www.imiloahawaii.org