



VOLUNTEER APPLICATION

OFFICE USE ONLY : Revised 9/06
Training/Orientation: _____ OTJ: _____
Start: _____ OL: _____ Exit: _____
Hours: _____ Recognition: _____

Name _____ Birth Date _____
Month / Day ONLY

Address _____ T-shirt size _____

City _____ State _____ Zip _____ Phone (H) _____

(W) _____ (Cell) _____ E-Mail _____

Area of Interest: Rank in the order of your preference (#1 = most preferred). Per conversation with Volunteer Coordinator (440-9020) or Refer to the Volunteer Opportunity Brochure.

- | | |
|------------------------------------|-----------------------------------|
| _____ Docent Program | _____ Natural Selection Gift Shop |
| _____ Edge of the Reef Interpreter | _____ Live Exhibits (Husbandry) |
| _____ Other: _____ | |

Education: Highest grade completed. _____

Degree (s) _____

Major (s) _____

Employment: Are you presently employed? _____ If Yes,
Present Employer _____ Position _____ Supervisor _____ Phone _____

Volunteer Experience:

Organization	Position	Dates	Supervisor	Phone
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Special Skills/Interests: Certificates, licenses, equipment-use, technical skills e.g., SCUBA, Life-Saving, CPR, computer, drawing, photography, carpentry, etc. _____

Availability: What days and times are you available?

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning hours:							
Afternoon hours:							

Schedule restrictions: _____
Personal/Professional Objectives: Why are you interested in volunteering at the Waikiki Aquarium?

Do you have any conditions that might affect your volunteer work? (e.g., sun sensitivity, difficulty standing for long periods, etc.) Please explain:

How did you learn about volunteer opportunities at the Waikiki Aquarium? _____

Are you currently a member of the Waikiki Aquarium? No Yes

If yes, do you intend to renew your voting membership or transfer to a complimentary non-voting Volunteer membership category? Yes
 No

In case of emergency, whom should we notify?

Name _____ Relation _____
 Phone (h) _____ (w) _____ (cell) _____

Signature of Applicant _____ **Date** _____

Delivery Options:

Complete form, print, sign and mail to:
 WAIKIKI AQUARIUM, Volunteer Program, 2777 Kalakaua Avenue, Honolulu, HI 96815
 or copy form to your local desktop, complete, and attach to an e-mail to volunteer@waquarium.org
 You can sign your application when we see you at training.

FOR OFFICE USE ONLY Revised 9/06 **Date Received** _____ **By** _____

Forwarded to: ED LE MST NSS MKT DEV OTHER **Date** _____

Initial interview: Phone In Person by _____ **Date** _____

Dept. Interview: _____ **By** _____ **Date** _____