

**THE UNIVERSITY OF HAWAII
VOLUNTEER APPLICATION FORM**

Project Name: STRIDE Mentoring Project

Date of Application: _____

Name: _____

City: _____ State: _____ Zip Code: _____

Phone:(Residence) _____ (Work) _____

Best Time to Contact: _____

Briefly explain your interest in becoming a volunteer with our program:

Education/Training & Specialized Skills: (Proof required if related to job safety)

___ High School ___ College ___ Graduate School

Degree(s): _____

Certification(s): ___ Basic First Aid ___ CPR ___ Driver's License (___Type)

 ___ Other(specify) _____

Specialized or Computer Skills: Describe any specialized skills (art, writing, computer, software language, foreign language, etc.): _____

Employment:

Current Employee: _____ Job Title: _____

Name & Telephone Number of Supervisor: _____

If presently employed, how many hours do you work per week? _____

Volunteer Experience:

Briefly describe any volunteer experience you have performed. Identify agency, type of work, and dates of volunteer service: _____

Available Schedule to Perform Volunteer Duties: _____

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Days/Times: _____

How did you learn about the Project's Volunteer Program? _____

In case of emergency, who should we notify:

Name: _____ Relationship: _____

Phone: _____

PLEASE READ CAREFULLY AND SIGN:

I certify that the information provided on this volunteer Application Form is true and accurate. I am authorizing the Project to contact my former and my current employer for a reference. I have read the Project's Mentor and Mentor-in-training application information and attended a STRIDE Mentoring Orientation. If selected, I will comply with all requirements specified by my supervisor. I fully understand what is expected of me if I am selected for this volunteer program. Any misrepresentations provided on this form may result in my immediate dismissal from the program.

Signature of Applicant

Date

<i>For Internal Use Only:</i>	
Date Interviewed: _____	Reference Check: _____
Selected: _____	Not Selected: _____
_____ Date: _____	
Principal Investigator or Project Coordinator	
Authorized by: _____	Date: _____
Social Science Research Institute	