

Students Name: _____

Grade: _____



KAMEHAMEHA SCHOOLS

Application to Volunteer for Kamehameha Schools

Location Information		
Name of KS program/service:		
Location of educational program/service site:		
Dates volunteer will be on KS premises:		
Personal Information		
Name (Print: Last, First, Middle):		
Home Address:		

City	State	Zip
Soc. Sec. No.:	Home Phone:	Work Phone:
Emergency Contact Information		
Primary Contact Name (Print):		Relationship:
Address:		

City	State	Zip
Home Phone:	Work Phone:	
Secondary Contact Name (Print):		Relationship:
Address:		

City	State	Zip
Home Phone:	Work Phone:	
Name of Physician to be Notified:		Phone:
Confidentiality Pledge		
I agree that in conjunction with my volunteering any and all information obtained by me or disclosed to me during my service at KS which includes information not generally known to the general public or other departments within KS are strictly confidential and proprietary to KS and shall be treated as confidential information. I covenant in perpetuity that such information shall not be disclosed, discussed or revealed to any persons, entities or organizations. I understand and acknowledge this Confidentiality provision is a mandatory condition for KS to permit me to participate as a volunteer. I agree that KS would suffer irreparable harm if I breach this Confidentiality Pledge and therefore both parties agree that if such breach occurs, my service shall immediately terminate, and KS may take further appropriate action.		
Statement of Understanding/Approval Signature		
I hereby certify that the above information is true and correct and that Kamehameha Schools may rely upon and release any such information they deem advisable under the circumstances. I assume all risks of injury, damage or loss I sustain while I am on Kamehameha Schools' premises or while I am participating in any Kamehameha Schools' program or service arising out of any cause whatsoever, and I hereby waive, release, and discharge Kamehameha Schools of liability for such injury, damage or loss.		
Volunteer's Signature:		Date:
Signature of Mother/Legal Guardian: (if Volunteer is under 18 years of age)		Date:
Signature of Father/Legal Guardian: (if Volunteer is under 18 years of age)		Date:
KS Supervisor's Approval Signature:		Date:



KAMEHAMEHA SCHOOLS

Authorization to Conduct Criminal History Record Check and Statement of Understanding

I, _____, authorize
(Please print full name)

Kamehameha Schools to conduct a criminal history record check, which may include fingerprinting, in accordance with the procedures specified under Section 302 C-1 and 378-3 of the Hawaii Revised Statutes, to determine my suitability for working in close proximity to children.

I understand that if Kamehameha Schools finds by reason of the nature and circumstances of such crime(s), if any, that I pose a risk to the health, safety, or well-being of children, Kamehameha Schools may refuse to consider me as a volunteer.

I hereby agree to release, indemnify and defend Kamehameha Schools, its trustees and employees, from all liability for any damage whatsoever that may arise from my disclosing this information.

I swear under penalty of perjury that the above is true and correct.

Volunteer's Signature

Date