



For office use only
 Placement:
 Volunteer Services
 Judi McClain, People Consultant
 (808) 848-4180
judim@bishopmuseum.org

Volunteer Application Form (type or print clearly)

Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell/pg _____ Work _____

Email: _____

Current Employer/School _____

Please indicate when you are available (mark first and second choice):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Shift you prefer:

Mornings _____ or Afternoon _____

Are you available for special events? _____ Or evening events? _____

I am interested in the following position(s) Please rank, 1 being first choice

<input type="checkbox"/> Special Exhibit Guide – Changing exhibit	<input type="checkbox"/> Hawaii Maritime Center
<input type="checkbox"/> Special Exhibit Guide – Science Adventure Center	<input type="checkbox"/> Building & Grounds
<input type="checkbox"/> Back house (please attach letter and resume)	<input type="checkbox"/> Cultural Guide

Are you able to perform the essential functions of this job with reasonable accommodation? _____

I understand that I am responsible for my own insurance coverage while volunteering at Bishop Museum at Kalihi and Kaliha, Hawaii Maritime Center, & Amy Greenwell Gardens ____ [Please initial here](#)

Reference (teacher, supervisor, volunteer coordinator, coach, etc.):

Name: _____

Phone: _____ Relationship: _____

Emergency Contact Information:

Name: _____

Phone: _____ Relationship: _____

I certify that answers given on this form are true and complete to the best of my knowledge. If accepted as a volunteer, I understand that false information may result in release from my volunteer duties at Bishop Museum.

Signature _____ Date _____

Signature of parent/guardian _____ Date _____

(If volunteer is under 18 year)

1525 BERNICE STREET HONOLULU HAWAI'I 96817