

Comments: \_\_\_\_\_

Unit: \_\_\_\_\_

Day(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

## Leahi Hospital VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
(last) (first) (middle initial)

RESIDENCE: \_\_\_\_\_  
(address) (City) (Zip Code)

MAILING ADDRESS (if different from above): \_\_\_\_\_

PHONE: Residence: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Pager: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please (4) the type of volunteer work you would like to do:
  - assisting in the nursing unit, visiting residents, transporting residents to and from activities, pushing residents in their wheelchairs around the hospital grounds etc.
  - assisting with feeding residents their meals
  - assisting residents with activities such as:  
 active games, table games, crafts, Hanafuda, Mah Jong, sewing, gardening, singing karaoke, Hawaiiiana, ethnic discussion groups
  - play a musical instrument (specify: \_\_\_\_\_)
  - clerical help such as typing, filing, computer input, answering the phone.
  - assist in the Leahi Adult Day Health Center
  - assist in the Leahi Thrift Shop (Wed & Sat 10:00 am – 2:00 pm)
  - translating. Language(s): \_\_\_\_\_
  - others, please list: \_\_\_\_\_  
 \_\_\_\_\_
  
2. Do you have work experience?  yes  no If yes, please list.
  
3. Have you done any volunteer work?  yes  no If yes, where did you volunteer and what did you do?

4. Reason for volunteering:
- Required for school credits  relative of a resident
  - Work Hawaii  personal reasons
  - other: \_\_\_\_\_
5. Are there any specific tasks or type of activities that you would not be able to do due to health or other reasons?  yes  no If yes, specify:
6. How did you learn about volunteering at Leahi Hospital?
7. Why did you select Leahi Hospital?
8. How soon are you able to volunteer at Leahi Hospital?
9. List day(s) and time(s) that you are available for volunteering.
- a. Day: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_
  - b. Day: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_
  - c. Day: \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_
10. I am willing to volunteer \_\_\_\_\_ hours a week. (minimum 2 hrs per week)
11. Can you commit yourself to a minimum of (4) four-months of volunteer work at Leahi Hospital?  yes  no
12. Whom may we call as a reference (preferably no relatives)?
- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Telephone: \_\_\_\_\_

***The above information is accurate and correct to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Leahi Hospital is not obligated to provide a placement, nor are you obligated to accept the position offered.*