



Volunteer Application

Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Do you have a community service requirement that you need to fulfill? If so, please explain: _____

Please describe any physical limitations, if any: _____

What other non-profits have you volunteered for? _____

List any special skills, knowledge or experience that could transition well to your volunteering experience: _____

Please indicate when you are available to volunteer in the chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

PLEASE READ CAREFULLY AND SIGN BELOW:

- I agree to keep all Aloha Harvest information including, but not limited to Names, Address, Phone Numbers, Donor and Financial Information, confidential. I agree not to use my affiliation with Aloha Harvest for any unauthorized personal use and/or gain.
- I confirm that all information on this application is true, and agree to observe all Aloha Harvest rules and regulations. I understand that I may be required to attend an orientation and training session and that my completed application does not guarantee me a volunteering assignment.
- I hereby waive, release and forever discharge ALOHA HARVEST, its employees, staff and volunteers, from any and all liability for any personal injuries or property damage that I may sustain as a result of, or during, my participation in any ALOHA HARVEST events/volunteer activities, including any personal injuries or property damage that I believe I may have sustained as a result of the negligence, in whole or in part, of ALOHA HARVEST.

I further agree to indemnify ALOHA HARVEST, its employees, staff and volunteers from any and all claims of any nature whatsoever, including, but not limited to, personal injury and property damage, by any third party or third parties, which they claim are caused, in whole or in part, as a result of any act(s) or conduct, whether un-intentional, negligent, or intentional, which may occur immediately prior to, during, or immediately following any ALOHA HARVEST events. In addition, I agree that I cannot hold the event location owners liable for any damages.

By executing this waiver, release, agreement to indemnify and hold harmless, I acknowledge that I understand and agree to accept each of the statements, waivers, releases and agreements contained in this document and by my affixing my signature hereto affirm that I will abide by these policies.



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I am of legal age and do hereby understand and agree to all of the statements and terms above.

Signed: _____ Date _____

Printed Name: _____

Parental/Guardian Consent (if under 19 years old): I am the parent or legal guardian of the above listed person and do agree to the statements and terms listed above

Signed: _____ Date _____

Printed Name: _____

Send in application by:

Mail – 3599 Waialae Avenue #23, Honolulu, Hawaii 96816

E-mail – mele@alohaharvest.org

Fax – (808) 537-6970