



KS Use Only

Rcvd:

KH:

TB:

Kamehameha Schools® Youth Volunteer Application Form

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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*):

Age:

Primary Phone:

Email address:

Home Address: _____
Street Address City State Zip Code

Parental Contact Information

Mother/Legal Guardian Name:

(*Print: Last, First, Middle*)

Parental contact information is same as applicant.

Home Address: _____
Street Address City State Zip Code

Email address:

Primary Phone:

Alternate Phone:

Father/Legal Guardian Name:

(*Print: Last, First, Middle*)

Parental contact information is same as applicant.

Home Address: _____
Street Address City State Zip Code

Email address:

Primary Phone:

Alternate 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

I hereby certify that the information provided on this form is true and correct and that KS 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 KS' premises and/or while I participate as a volunteer in any KS program or service arising out of any cause whatsoever, and I hereby waive, release, and discharge KS and its employees of liability for such injury, damage or loss.

Signatures

Volunteer's Signature:	Date:
Signature of Mother/Legal Guardian:	Date:
Signature of Father/Legal Guardian:	Date:

For KS Use Only

KS Requestor (Print Name):	Date:
KS Administrator's Signature:	Date:

KS Administrator signature indicates that the education campus/program has allowed for this volunteer application to be processed in accordance to KS policy and procedure.

Notes: