Kamehameha Schools®

KS Use Only
Rcvd:
BC:
KH:
TB:

Volunteer Application Form
SY 2020-2021

Volunteer Personal Information

Name *(Print: Last, First, Middle):*

Email address:

Home Address: _____
Street Address *City* *State* *Zip Code*

Primary Phone: | Alternate Phone:

Volunteer Questionnaire *(Please select appropriate answers)*

Are you currently employed by Kamehameha Schools?	☐ Yes	☐ No
Are you a volunteer for Preschools, or do you anticipate volunteering for more than 30 days during the school year at a KS educational site? *Note: TB Clearance required if answering 'Yes' to this question.*	☑ Yes	☐ No

Please indicate all activities you expect to volunteer for:

Criminal history background checks are required for participation in certain volunteer activities

Background check may be required		Background check required		
☐ One-Day Class Activity/Fieldtrip	☐ Public Event	☐ Preschool	☐ Overnight or Travel Chaperone	☑ Athletic Coach Volunteer
☐ Clubs	☐ Other: _____			

Please list any related children attending KS (if applicable):

Student's Name	Location/Grade	ID#	Relationship to Child

Volunteer Emergency Contact Information

Name *(Print: Last, First, Middle):* | ***Relationship:***

Home Address: _____
Street Address *City* *State* *Zip Code*

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.

Authorization to Conduct Criminal Background Check

I authorize Kamehameha Schools (KS) to conduct a criminal history record check, which may include fingerprinting, 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 my volunteer services. 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.

Signatures

Volunteer's Signature:	Date:
(As applicable) **KS Sponsoring Coach's Name (Print):**	Date:
(As applicable) **KS Sponsoring Coach's Signature:**	Date:
Name of KS Location / Program / Sport:	

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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: