



95 Mahalani St., Wailuku, Maui, HI 96793
(808) 244-7467 Fax (808) 242-4762

IMUA VOLUNTEER APPLICATION

Complete ALL application forms & attach documentation of current TB status

Applicant's Name: _____ Gender: Male / Female Age: _____

Date of Birth: ___/___/___ Social Security #: _____

Mailing Address: _____

Residential Address: _____

Home Phone: _____ Alternate Phone: _____ Email Address: _____

Please list the nearest relative, parent or friend to be contacted in case of an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Date of most recent TB clearance: PPD (skin test) _____ X-ray _____

(Attach a copy of TB clearance to application – TB clearance must be done with in the year prior to volunteering)

VOLUNTEER STAFF POSITION INTERESTED IN (please indicate first and second choice):

___ Office _____ Events _____ Other: _____

Days and hours available: _____

PREVIOUS Volunteer EXPERIENCE:

Location **Years Volunteered**

Please describe any skills or talents which you might be able to contribute to Imua Family Services:

EDUCATION:

Name of last school attended: _____

Last grade completed: _____ Year graduated: _____ Degree/Major: _____

Other education or certificates earned: _____

Check all certifications you currently have: ___ valid First Aid ___ valid CPR ___ valid life guard certification

Will you be receiving High School / College credit for your volunteer experience at Imua: NO YES

If YES, course title: _____ Instructor: _____

Would you like a letter of recommendation for your successful participation at Imua?: NO YES

OCCUPATIONAL HISTORY: (Your employer may be contacted unless otherwise indicated by you.)

Present or Last Place of Employment: _____

Job Title / Position: _____

Dates Employed: From _____ To _____

Employer's Name: _____ Phone: _____

Address: _____

REFERENCES: (Your references may be contacted unless otherwise indicated by you.)

Name: _____ Phone: _____

Relationship: _____ Years known: _____

Name: _____ Phone: _____

Relationship: _____ Years known: _____

Orientation Date: _____ Interviewed by: _____ Clearance Check: _____

Accepted / Not Accepted Comments: _____



Imua FAMILY SERVICES

Child development and therapeutic services
95 Mahalani St., Wailuku, Maui, HI 96793
(808) 244-7467 Fax (808) 242-4762

Imua Family Service Volunteer Acknowledgement, Consent, & Release

Name of Participant: _____

Current Address: _____

Home Phone: _____ Alternate Phone: _____

Participant's Date of Birth: _____ Social Security #: _____

I understand that Imua Family Services, a 501(c)(3) charitable organization, requests the assistance of volunteers in the conduct of its certain programs. It is my desire to further my goals and the goals of Imua Family Services by performing services as a volunteer at Imua Family Services events, a program. I undertake to perform such services as a volunteer without compensation of any kind, financial or otherwise, and that in performing such services I acknowledge that I am NOT acting as an employee of Imua Family Services.

As that participant described above, I do hereby represent to Imua Family Services, with the understanding that Imua Family Services will rely upon the information provided in considering my application to volunteer with Imua Family Services, that all foregoing information and the following statements are true:

1. In my prior employment/volunteer services, I have never used a name other than set forth above. If otherwise, please explain: _____
2. I understand the essential duties of my participation in connection with volunteering with minors in the Imua Services. I am able to perform those essential duties with no accommodation except as follows:

3. I have never been convicted of child abuse or a crime involving actual or attempted sexual abuse of a child or adult. I give Imua Family Services consent to verify this statement with appropriate authorities.
4. I authorize any of the listed organizations and their representatives, presented in my application, as well as my personal references to give Imua Family Services any information they may have regarding my character and fitness to work with children. I release all such organizations and individuals from any liability that my result from furnishing such information to Imua Family Services.
5. I hereby acknowledge and consent to Imua Family Services permission to disclose any information and to use photographs and videos, which may contain one or more pictures of said person, for any purpose.
6. I hereby release and waive any claim or cause of action which may accrue against Imua Family Services any client, employee, or volunteer of Imua Family Services arising out of any injury to my person or property during volunteer time, in transit to and from the Imua Family Services, or during any activity approved by any said person.
7. In the event of any accident or injury, appropriate treatment may be applied to me by any Camp Imua staff member, volunteer, or Imua Family Services.
8. I have read the attached Imua Family Services Ethics/Dismissal Form and understand that any violation of these rules may result in immediate termination of my volunteer service.
9. I certify that the information contained in this application is _____

true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, are grounds for disqualification and are further consideration for dismissal.

10. I agree to conform to the guidelines and policies of Imua Family Services and Camp Imua.
11. I understand and agree that Imua Family Services may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide Imua Family Services with any information (including fact or opinion) they may have regarding me. In consideration of Imua Family Services' review of this application, I release Imua Family Services and all providers of any information from any liability, which may arise as a result of furnishing and receiving this information, with the exception of any liability arising from a violation of the Fair Credit Reporting Act ("FCRA"). I understand and agree that if offered volunteer position with Camp Imua or Imua Family Services, any such offer shall be dependent upon the receipt of satisfactory references and background checks as determined by Imua Family Services. I further authorize Imua Family Services to provide truthful information (including fact or opinion) regarding my volunteer service for any potential or future requests by me and release and waive any claims against Imua Family Services and/or Camp Imua for truthfully communicating any such information.
12. Imua Family Services may inquire into and consider any criminal conviction record that you may have after it makes a conditional offer to allow you to volunteer with Imua Family Services/Camp Imua. Imua Family Services may withdraw a conditional offer if you have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which you are volunteering. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matters will not be considered.

Participant's Signature: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

(If volunteer is under the age of 18)