AMVETS DEPARTMENT OF HAWAII

VOLUNTEER APPLICATION

Thank you for offering your time and talents in service to veterans, families, and our community.

APPLICANT INFORMATION

Full legal name *

Preferred name

Application date (MM/DD/YYYY) *

Street address *

City *

State *

ZIP code *

Primary phone *

Email address *

Preferred contact method

☐ Phone ☐ Text ☐ Email

Applicant is age 18 or older

☐ Yes ☐ No

AFFILIATION (OPTIONAL)

☐ Veteran ☐ Active duty ☐ Guard / Reserve ☐ Military family

☐ AMVETS member ☐ Community volunteer ☐ Student ☐ Other

Military branch, organization, school, or employer

AMVETS post / membership ID (if applicable)

EMERGENCY CONTACT

Contact name *

Relationship *

Primary phone *

Alternate phone

AMVETS DEPARTMENT OF HAWAII

VOLUNTEER APPLICATION

Tell us how you would like to serve. Selections help us match volunteers with appropriate opportunities.

VOLUNTEER INTERESTS - CHECK ALL THAT APPLY

- ☐ Veteran and family support
- ☐ Event setup / breakdown
- ☐ Parking / traffic support
- ☐ Community outreach
- ☐ Adaptive fitness and sports
- ☐ Warriors Ohana Gardens
- ☐ Food / refreshments
- ☐ Photography / media / social media
- ☐ Ceremonies and special events
- ☐ Ushering / guest assistance
- ☐ Office / administrative support
- ☐ Fundraising / donor support
- ☐ Youth programs
- ☐ Facility projects / maintenance
- ☐ Transportation / delivery
- ☐ Technology / gaming support

Other interests or preferred assignment

AVAILABILITY

Available days

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Preferred times

- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ Flexible

Earliest start date

Estimated hours per month

Expected duration

SKILLS, EXPERIENCE, AND SUPPORT NEEDS

Relevant skills, certifications, languages, experience, or interests

Accessibility accommodations or support needed to volunteer safely (optional)

How did you learn about AMVETS Hawaii volunteer opportunities?

AMVETS DEPARTMENT OF HAWAII

VOLUNTEER APPLICATION

Please review the statements below and complete the acknowledgment section.

SAFETY AND SCREENING

Please answer each question. A response does not automatically disqualify an applicant.

Can you perform the essential duties of your preferred assignment, with reasonable accommodation if needed?

☐ Yes ☐ No

Are there any current restrictions that may affect your safe participation in volunteer activities?

☐ Yes ☐ No

If yes, please explain only what is necessary for safe placement

If the assignment requires it, do you consent to reference and lawful background checks?

☐ Yes ☐ No

APPLICANT ACKNOWLEDGMENT

I certify that the information in this application is true and complete to the best of my knowledge. I understand that volunteering is not employment and does not create an entitlement to wages, benefits, or a particular assignment. I agree to follow AMVETS Hawaii policies, safety instructions, confidentiality requirements, and standards of conduct; to report hazards, injuries, or incidents promptly; and to protect personal or sensitive information encountered during service. I understand that AMVETS Hawaii may accept, decline, reassign, suspend, or end volunteer service based on program needs, safety, conduct, qualifications, or other lawful considerations. I authorize AMVETS Hawaii to contact the references listed below and, when relevant to an assignment, to conduct additional screening after providing any legally required notice or authorization form.

☐ I have read and agree to the acknowledgment above.

Applicant signature (type full name) *

Date *

Parent / guardian name (required if applicant is under 18)

Parent / guardian phone

Parent / guardian signature (type full name)

Date

FOR AMVETS HAWAII USE ONLY

Reviewed by

Date

Assignment / program

Notes

☐ Approved ☐ Pending ☐ Declined