



**IHS, THE INSTITUTE FOR HUMAN SERVICES**

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**VOLUNTEER APPLICATION FORM**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Apt. #) (City) (Zip)

Gender: M F (Circle one) Birthday: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

**AVAILABILITY:**

Total number of hours I'd like to volunteer per week: \_\_\_\_\_

Days I am available \_\_\_\_\_ Start Date: \_\_\_\_\_

What time are you available? \_\_\_\_\_

Why do you want to volunteer at IHS? \_\_\_\_\_

How did you hear about IHS? \_\_\_\_\_

Have you ever stayed at IHS? Y or N (circle) If so, when? \_\_\_\_\_

Are you required to volunteer for school, community service, first-to-work, etc? Y or N

If yes, what is the reason? \_\_\_\_\_

Do you require additional paperwork? Y or N (circle)

How many hours are you required to do in total? \_\_\_\_\_

**FOR INTERNS:**

What type of supervision do you require? \_\_\_\_\_

How many hours do you need to complete and in what period of time? \_\_\_\_\_

# Volunteer Profile

Current Employer/School: \_\_\_\_\_

What do you do/study there: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

## **VOLUNTEER POSITIONS:**

(please **pick 5** and number from 1 to 5 according to your interest level)

- \_\_\_\_\_ Sorting donations
- \_\_\_\_\_ Janitorial and Shelter Maintenance
- \_\_\_\_\_ Kitchen Work (preparing and/or serving food to 300 people)
- \_\_\_\_\_ General Office Work (filing, typing, envelope stuffing)
  - \_\_\_\_\_ Finance Dept.
  - \_\_\_\_\_ Human Resources Dept.
  - \_\_\_\_\_ Case Management Dept.
  - \_\_\_\_\_ Community Re-Entry Dept.
  - \_\_\_\_\_ Development Dept.
  - \_\_\_\_\_ Intake Dept.
  - \_\_\_\_\_ Operations Dept.
  - \_\_\_\_\_ Housing/Employment Dept.
  - \_\_\_\_\_ Operations Dept.
  - \_\_\_\_\_ Wellness Center (health clinic)
- \_\_\_\_\_ Computer Assistance (database management, data entry)
- \_\_\_\_\_ Front Desk & Receptionist assistance
- \_\_\_\_\_ Medical assistance at Wellness Center
- \_\_\_\_\_ Assisting with or sponsoring a special event / fundraiser
- \_\_\_\_\_ Moving guests
- \_\_\_\_\_ Letters to Editor/Speaker's Bureau
- \_\_\_\_\_ Organizing and conducting recreational activities with our guests
- \_\_\_\_\_ Gardening
- \_\_\_\_\_ Working with children in the Family Room
  - \_\_\_\_\_ Homework Club help. Hours: Monday-Friday 3:00pm-5:00pm. Is there any certain age range or subject area you would like to tutor in?  
\_\_\_\_\_
  - \_\_\_\_\_ Create and/or teach a class. Please describe: \_\_\_\_\_
- \_\_\_\_\_ "Outreach" (talking to/ helping homeless people on the streets after proper training)

Please list your talents, skills and interests (for example: you speak another language, play a musical instrument, or dance the hula.) You never know where your skills and talents could be of use!):

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# Background & Reference Check

**SOCIAL SECURITY NUMBER FOR BACKGROUND CHECK:**

*This section must be completed in order for your application to be considered.*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**REFERENCES**

*(This can be a friend, co-worker, etc., but no one in your immediate family.)*

*This section must be completed in order for your application to be considered.*

1) Name: \_\_\_\_\_ Contact No. and/or Email: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact No. and/or Email: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

3) Name: \_\_\_\_\_ Contact No. and/or Email: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Volunteer Agreement

*As a volunteer at IHS, I agree with the following statements.*

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1. I shall uphold IHS' Confidentiality and Guest-Volunteer Relationship policy.
2. My services are donated to IHS without expectation of compensation or future employment. I am donating my time for humanitarian or charitable reasons.
3. I shall arrive on time; conduct myself with dignity, courtesy and with consideration for others.
4. I shall be conscientious and strive to make my work professional in quality.
5. I shall notify my supervisor and the Volunteer Services Manager if I cannot work during my scheduled shift due to illness or other reasons.
6. I shall attempt to resolve any problems related to my volunteer work with my supervisor. If unsuccessful, I shall attempt to resolve problems with the Volunteer Services Manager.
7. I shall uphold the philosophy and standards of IHS at all times.
8. I shall make my best effort to fulfill my commitment to IHS by completing all assignments that I accept.
9. I understand that IHS requests a minimum 3-month volunteer commitment.
10. I understand that the Volunteer Services Manager reserves the right to terminate my volunteer status as a result of any of the following:
  - Failure to comply with IHS rules and regulations
  - Unsatisfactory attitude, work or appearance
  - Absence without notification
  - Any circumstance which, in the judgment of management would make my continued services as a volunteer contrary to the best interests of IHS.

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*I have read and understand this Volunteer Agreement.*

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Signature

Date

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Parent/Guardian's Signature (if under 18 yrs old)

Date

## Hold Harmless Statement

I hereby waive, release and forever discharge the IHS, 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 IHS events/volunteer activity, 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 IHS.

I further agree to indemnify IHS, 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 unintentional, negligent, or intentional, which may occur immediately prior to, during, or immediately following any IHS events. In addition, I agree that I cannot hold the event location owners liable for any damages .

Lastly, I agree to respect the privacy and confidentiality of IHS guests and will not photograph or videotape them. I also give IHS my consent to take my photograph and/or video footage while I am on property for this project.

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 the statements and terms above.

\_\_\_\_\_  
Signature Date

Printed Name: \_\_\_\_\_

I am the parent or legal guardian of the above listed person and do agree to the statements and terms listed above.

\_\_\_\_\_  
Signature Date

Printed Name: \_\_\_\_\_

\* Your personal/job medical coverage may cover you in case of accident requiring medical attention.

## IHS Confidentiality Policy

The following points offer an overview of confidentiality protections offered to guests receiving services at IHS.

- Staff/volunteers answering phones at IHS do not mention IHS but rather identify themselves by name, “Hello, this is ..., how may I help you?” This enables staff/volunteers to receive messages for possible guests without identifying IHS as a homeless shelter.
- Requests for information about guests receiving services at IHS, (in person or by phone), are responded to by advising the person asking that we do not divulge this information but that they may leave a message requesting a response from an individual.
- Requests for information about guests receiving services at IHS, made by public officers, (police, FBI, CPS, DHS, etc.) will be handled by the Executive Director. The Executive Director will determine what information, concerning the status of the individual in question, if any will be divulged on commission or suspicion of involvement in a crime or violation of any procedure or agreement involving a government agency.
- Information contained only in a guests’ case management file will be guarded by a higher level of confidentiality and, without consent from the guest, will only be divulged under specifically designated circumstances.
- Information contained only in a guest’s substance abuse file is afforded the highest level of confidentiality and is governed by state and federal laws.
- IHS staff/volunteers are not permitted to discuss guests or situations involving guests in areas that allow the conversations to be heard by other guests, or other staff not authorized for exposure to such information.
- IHS staff/volunteers working in the business/administration office may not discuss or utilize any information involving donors and/or IHS supporters without authorization from the Executive Director.

Any questions concerning confidentiality should be directed to the Social Services Director or the Executive Director.

I understand and agree to abide by the confidentiality policies of IHS, The Institute for Human Services, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date