

Hawaii School for the Deaf and the Blind
Volunteer Personnel Information Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

REFERENCES (please list two people, not including relatives)

Name: _____ Phone: _____

Name: _____ Phone: _____

LANGUAGE SKILLS

Are you currently enrolled in a sign language course? yes no

Have you completed a sign language course? yes no

Name of school or program: _____

Please check appropriate American Sign Language skill level:

<input type="checkbox"/> none	<input type="checkbox"/> Intermediate
<input type="checkbox"/> ABC's	<input type="checkbox"/> Advanced
<input type="checkbox"/> Beginner	<input type="checkbox"/> Native
<input type="checkbox"/> Strong Beginner	<input type="checkbox"/> Tactile

VOLUNTEER ABILITY

What type of volunteer work are you interested in?

What brought you to HSDB as a volunteer?

What do you hope to achieve or accomplish through your volunteer work?

How many hours per week would you like to volunteer? _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

	Skills & Interest Areas		Skills & Interest Areas
	Academic Tutor		Library
	Arts & Crafts		Math
	Classroom Assistant		Photography
	Clerical/Office Help		Physical Education
	Computers		Reading Tutor
	Drama/Theatre		Residential (Dorm)
	English		Residential (Dorm) Tutor
	Field Trips		Science
	Food Service		Special Activities
	History/Social Studies		Special Needs Students
	Job Coach		Other -

Certification of Volunteer Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification or material omission of information or data on this application may result in the exclusion from further consideration or, if selected to volunteer, termination of the volunteer relationship. I understand that if I am accepted as a volunteer at HSDB, my volunteer services may be terminated at any time with or without notice for any reason deemed appropriate by the school. As I volunteer I agree to follow all rules, policies and procedures of HSDB which are applicable to my volunteer services.

Volunteer Signature: _____ Date: _____