



VOLUNTEER APPLICATION

Personal Information

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone (day) _____ (evening) _____
E-mail: _____

Thank you for your interest in volunteering with Hawaii Literacy. Please read the following brief descriptions and rank which program(s) you are interested in (a MAXIMUM OF THREE). Return this form to our office and the appropriate person(s) will contact you with further information.

PLEASE RANK YOUR CHOICES- A MAXIMUM OF THREE (3) ONLY, PLEASE

Office Work

___ Data entry, computer work, filing, reception, etc. at our downtown office. Hours of operation are Monday through Friday, 8:00am – 4pm.

Fundraising Events/ Public Relations

___ Hawaii Literacy conducts various fundraising/ public relations events throughout the year. Volunteers help organize and staff the events.

Classroom on Wheels

___ Adult volunteers support children and adults in literacy at the Classroom on Wheels on the Waianae Coast. Volunteers may assist with selecting and checking out books, reading and writing with children and adults, playing educational games, and using the computer.

Adult Literacy Program

___ Adult volunteers teach low-level reading and writing on a one-to-one basis to English-speaking adults at mutually agreed times each week. Volunteer tutors are required to attend a 2-hour orientation followed by a 16-hour tutor training course.

Family Literacy Program

___ Volunteers work with children and their families in Kuhio Park Terrace and Mayor Wright Homes in the Kalihi-Palama area. There are Family Learning Centers at both sites, as well as Saturday story hours, one-to-one computer and literacy instruction, and library services.

English-as-a-Second-Language Program

___ Volunteers work with either adults or their children in ESL classes located in the two housing projects stated above. Volunteers must commit to 2 hours a night a week in 10-week blocks.

___ Adult volunteers work at the Adult ESL Drop-in Center in the Kalihi area. The Drop-in Center is in operation Wednesday, Friday, and Saturday mornings.

Additional areas of interests: _____

Please indicate your background, experience and why you are interested in volunteering:

Availability: _____

OPTIONAL

Ethnic Group:					Employment Status	Referred By
Chin	Kor	Jpn	Viet	Other	Full-time	Friend/Family
Asian						
Black					Part-time	Word of mouth
White (European, N. Amer., etc.)					Unemployed	AUW
Latino (Puerto Rican, Mexican, etc.)					Retired	Previous Client
Hawaiian/Part-Hawaiian					Student	Newspaper
Pacific Islander/Micronesian					Occupation: _____	Radio
Filipino						TV
Other (specify: _____)						Internet
						Other
						Please specify: _____

Please provide two personal references:

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Phone _____ Fax _____	Phone _____ Fax _____
E-mail _____	E-mail _____
Relationship _____	Relationship _____

Please provide your consent and your social security number for a police check. All information collected will be treated confidentially.

Social Security Number _____ (Required for check)

Signature Date

Please return this form to: Hawaii Literacy, 200 N. Vineyard Blvd. #320, Honolulu, HI 96817
Or fax back to 537-3072.
For further information on our volunteer programs, please telephone the main office at 537-6706.
Last updated: 2/3/2009