

# Kauai Economic Opportunity, Incorporated



## Volunteer Application

Mr./Mrs./Ms./Miss      Last Name      First Name      Middle Name

Home Address:      Street Name      City      Zip

Mailing Address:      Street Name      City      Zip

Phone Number:      Cell Phone Number:

E-mail Address:      Date of Birth:      Month      Day      Year  
/      /

In case of emergency contact:      Relationship      Phone Number

Physician's Name:

How did you become interested in volunteering for KEO?

Work Experience: *Paid*

Work Experience: *Volunteer*

Student Applicants Only:      School      Grade      Age

Special interests, talents, skills: *(such as clerical, maintenance, etc.)*

Personal Reference: *(please exclude relatives)*  
Name:      Phone Number:

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Name:      Phone Number:

Volunteer Area(s) of Interest:

Availability (Circle days you are available)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

I agree to abide by the policies and procedures of KEO and its Volunteer Program

Signature of Applicant      Date

Signature of Parent or Guardian  
(Required if applicant is under 18)      Date

Approved:			KEO Program Placement (Indicate specific center as needed.) _____ _____ Start Date:	
Director	Date	Fiscal Officer		Date
Chief Executive Officer	Date	Administrative Officer		Date