

REQUIREMENTS FOR VOLUNTEERS

Volunteer Activity	Medical Requirements	Parental Consent	Confidentiality Agreement	Laughter Wagon Agreement	Training/Orientation
-Respite -Family Dinner -Special Events	1-step TB Test	Yes, if under 18	Yes	N/A	HUGS Training
Laughter Wagon -Kapiolani	2-step TB test, MMR, Hep B., Chicken Pox	Yes, if under 18	Yes	Yes	HUGS <i>and</i> Kapiolani training*
Laughter Wagon -Kaiser Moanalua	2-step TB test, MMR, Hep B., Chicken Pox	Yes, if under 18	Yes	Yes	HUGS <i>and</i> Kaiser training
Laughter Wagon -Tripler	2-step TB test, MMR, Hep B., Chicken Pox	Yes, if under 18	Yes	Yes	HUGS Training
Office Support, Fundraiser	N/A	Yes, if under 18	Yes	N/A	N/A

Minimum Age: Volunteers need to be at least 13 for respite/family dinners and 16 for LW.

HUGS Parental Consent Form: If you are under 18, please have your parents sign and return the enclosed permission slip with your application.

***Kapiolani Laughter Wagon: (minimum to volunteer is 16 years old)**

Kapiolani needs the application and TB/shot records in their files **before** you can sign up for their training. Please call the HUGS volunteer coordinator to obtain the application forms.

Tripler Laughter Wagon:

Laughter Wagon orientation date needs to be set up with the HUGS Volunteer Coordinator.

PLACES TO GET THE TWO-STEP TB TEST FREE:

Call before you go to make sure they are open; Tell **them** you want the TWO-STEP TEST.

Ask them when you have to come back. Picture ID required. **Parental Consent required if you are under 18.**

<p>Diamond Head Health Center PH: 733-9220 3627 Kilauea Ave., Rm. 302, Honolulu. Tests on Tues. 2-4pm. Ask about second part and the reading of results (Thurs. 2-4pm).</p>	<p>Leeward Health Center PH: 675-0080 94-275 Mokuola St., Rm. 101, Waipahu. Test given on Wed. 2-4pm. Ask about second part and reading of results(Fri 2-4).</p>
<p>Lanakila Comprehensive Health Center PH: 832-5738. 1700 Lanakila Ave., Honolulu. Test given on Mon., Tues., Wed. & Fri. 7:45am-3:00pm. Ask about second part and reading of results.</p>	<p>Windward Health Center PH: 233-5450 45-691 Keaahala, Kaneohe. Test given on Tues. 1:30-3:30pm. Ask about second part and reading of results. (Thurs. 1:30-3:30pm).</p>

HUGS VOLUNTEER APPLICATION

Today's Date _____

Personal Information

Last Name: _____ First Name: _____ SSN: _____ DOB: _____
 Home Address: _____ City: _____ Zip code: _____
 Phone # (home): _____ (work): _____ Pager / Cell: _____
 Email: _____
 Marital status: single/married Citizenship: _____ State of residency: _____ Yrs of residency: _____

Employment Information

Current/most recent Employer: _____ Phone number: _____
 Address: _____ Immediate Supervisor: _____
 Date started: _____ Job Title: _____ Duties: _____
 Date Left: _____ Reason for leaving: _____

Education and Training

	Name	Location	No. of yrs	Grad Year	Degree
High School					
College					
Other					
Certificate/Training					

Volunteer Experience

Organization _____ Phone #: _____
 Address: _____ Supervisor: _____
 Type of volunteer: _____ Dates of service: _____

Medical Information

Have you had chicken pox? Yes / No
 Have you had German measles? Yes / No
 Have you had a TB test in the last year? Yes / No
 If yes, was it negative? Yes / No

Have you ever been convicted of a crime? Yes / No
 If yes, please explain:

ONLY FOR OFFICIAL USE:

Date Rcv'd: _____ Crim Check: _____ Ref. Check: _____ Interv/Orient: _____ DBInput: _____ Date Started: _____ Training: _____
 TB Clearance: 1-Step: _____; X-ray: _____
 2-Step: _____; X-ray: _____ Parental Permission: _____ Confidentiality Agreement: _____ LW Agreement: _____

Please check off your area(s) of interest in volunteering at HUGS:

Respite: Volunteers watch and play with children at the HUGS house. 1-Step TB clearance required. Usually offered the second Saturday (10am-2pm) and third Friday (5:30pm-9:30pm) of the month.

Family Dinners: Held once a month, volunteers can assist with a variety of activities at the family dinners including: providing activities for children, making goody bags, contributing food, set-up and clean-up.

Laughter Wagon: Volunteers go into the hospitals with a box of toys and games to play with children. 2-step TB and medical records required. Ages 14 and up. Minimum 2 hours a week.

Please check off your hospital of preference: Tripler Kapiolani Kaiser at Moanalua

Office Support: Volunteers assist the staff to make phone calls, computer work, newsletters, and mailings.

Special Events: Volunteers assist w/ special outings, holiday and fundraising events.

Volunteer's Commitment

To become a HUGS volunteer you must make a commitment of at least 3-6 months with the agency. In order to remain an active volunteer, you must participate in one activity per month.

I am able to make the following time commitment to HUGS:

Please answer the following questions :

1) How did you find out about the HUGS volunteer program?

If Other Please specify: _____

2) Why do you want to become a volunteer for HUGS? _____

3) Do you have access to an insured vehicle?

References: Please list three people who reside in Hawaii and are not members of your family.

1. Name: _____ Phone(hm) _____ (wk or pgr) _____

2. Name: _____ Phone(hm) _____ (wk or pgr) _____

3. Name: _____ Phone(hm) _____ (wk or pgr) _____

I authorize HUGS to contact these references listed above. I understand that HUGS will conduct a criminal record check and keep all information confidential.

Signature of Volunteer _____ Date: _____

**Please return or fax this application to:
Attn: Volunteer Coordinator
HUGS
3636 Kilauea Ave.
Honolulu, HI 96816
Phone: 808-732-4846 Fax: 808-732-4881**



HUGS

Help, Understanding & Group Support

Junior Volunteer
Commitment and Parent Permission

Name: _____ Date of Birth (Age): _____ ()

COMMITMENT: Please be sure before you make any commitments that the programs, days and hours that you choose to volunteer are convenient for you and are approved by your parents. You must also commit to a minimum of three months as a volunteer at HUGS.

Your performance as a teen volunteer is a valuable opportunity for you to learn and receive recognition in many respects. College admission officers are very interested in an applicant's community service during the high school years. Also, your record as a teen volunteer can also be used as a recommendation for employment.

Please be sure to read the following carefully and then sign below.

I understand that I am expected to be prompt in reporting for my assignment on the day and hours, which have been assigned to me.

I shall notify the Volunteer Coordinator if I am unable to be present and give the reason for my absence.

Applicant's signature: _____ Date: _____

PARENTAL PERMISSION TO SERVE AS A VOLUNTEER

I hereby give permission for my daughter/son to become a member of the teen volunteer program at HUGS. I understand that the work done by the teen volunteers include:

- Playing with and watching medically fragile/critically ill children and their siblings (**Respite Program**).
- Visiting inpatient children in the hospital (Kapiolani or Kaiser) equipped with a box of toys (**Laughter Wagon Program**).
- Assisting staff with clerical work, e.g. answering phones, helping with mailings, writing cards, etc. (**Office Support**).

I understand that my daughter/son will be undertaking these duties as a volunteer and that the hours s/he chooses are permissible.

Parent or guardian's name (please print) _____

Parent or guardian's signature _____ Date: _____

Name of second parent or guardian _____



HUGS

(Help Understanding and Group Support)

CONFIDENTIAL JUNIOR VOLUNTEER QUESTIONNAIRE

(To be completed by one of the following: School Counselor, Homeroom Teacher, or Principal)

Name of student (print) _____
(Last) (First) (Middle)

School _____ Grade _____

Please check below:

	Fair	Good	Excellent
Health record	_____	_____	_____
Attendance	_____	_____	_____
Dependability	_____	_____	_____
Personal appearance	_____	_____	_____
Responsibility	_____	_____	_____
Punctuality	_____	_____	_____
Grades	_____	_____	_____
Commitment	_____	_____	_____

Are there any reasons why the above student would NOT be a good candidate for volunteering?
No _____ Yes _____ (Please elaborate below)

Additional comments: _____

Questionnaire completed by: _____

Signature: _____

Title _____ Date _____

School's telephone number _____

Please return this questionnaire to: HUGS
Volunteer Services
3636 Kilauea Avenue
Honolulu, HI 96816