



University of Hawaii at Manoa
Pacific Cooperative Studies Unit

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Single Activity Volunteer Application Form

Project Name: _____ Project Number: _____

Name: _____

Mailing Address: _____

Phone (home): _____ (work): _____ (cell): _____

Best time to call: _____ E-mail: _____

In case of emergency, who should we notify?

Name: _____ Relationship: _____

Phone (home): _____ (work): _____ (cell): _____

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate, and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I have read the Volunteer Position Description. If selected, I will comply with all requirements specified by the project supervisor and acknowledge that the University may at its discretion terminate my participation in providing volunteer services at any time.

Signature of Applicant

Date

Print Name/Signature of Parent/Guardian (if under 18 years)

Date

To be completed by Project Supervisor or Volunteer Coordinator and PCSU

Project Service Group: _____ Date of Activity: _____

Volunteer Job Title: _____

Project Volunteer Supervisor: _____

PI or Authorized Rep: _____ Date: _____

Authorized by: _____ Date: _____

College of Natural Sciences