



Kamehameha Schools®

KS Use Only	
Rcvd:	
BC:	
KH:	
TB:	

Volunteer Application Form SY 2020-2021

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Volunteer Personal Information

Name (<i>Print: Last, First, Middle</i>):	
Email address:	
Home Address: _____ <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip Code</i>	
Primary Phone:	Alternate Phone:

Volunteer Questionnaire (*Please select appropriate answers*)

Are you currently employed by Kamehameha Schools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a volunteer for Preschools, or do you anticipate volunteering for more than 30 days during the school year at a KS educational site? <i>Note: TB Clearance required if answering 'Yes' to this question.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate all activities you expect to volunteer for:

Criminal history background checks are required for participation in certain volunteer activities

Background check may be required		Background check required		
<input type="checkbox"/> One-Day Class Activity/Fieldtrip	<input type="checkbox"/> Public Event	<input type="checkbox"/> Preschool	<input type="checkbox"/> Overnight or Travel Chaperone	<input type="checkbox"/> Athletic Coach Volunteer
<input type="checkbox"/> Clubs	<input type="checkbox"/> Other: _____			

Please list any related children attending KS (if applicable):

Student's Name	Location/Grade	ID#	Relationship to Child

Volunteer Emergency Contact Information

Name (<i>Print: Last, First, Middle</i>):	<i>Relationship:</i>
Home Address: _____ <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip Code</i>	
Primary Phone:	Alternate Phone:

Confidentiality Pledge

I agree that in conjunction with my volunteering any and all information obtained by me or disclosed to me during my service at KS which includes information not generally known to the general public or other departments within KS are strictly confidential and proprietary to KS and shall be treated as confidential information. I covenant in perpetuity that such information shall not be disclosed, discussed or revealed to any persons, entities or organizations. I understand and acknowledge this Confidentiality provision is a mandatory condition for KS to permit me to participate as a volunteer. I agree that KS would suffer irreparable harm if I breach this Confidentiality Pledge and therefore both parties agree that if such breach occurs, my service shall immediately terminate, and KS may take further appropriate action.

Understanding of Assumption of Risks & Release

I hereby certify that the information provided on this form is true and correct and that KS may rely upon and release any such information they deem advisable under the circumstances. I assume all risks of injury, damage or loss I sustain while I am on KS' premises and/or while I participate as a volunteer in any KS program or service arising out of any cause whatsoever, and I hereby waive, release, and discharge KS and its employees of liability for such injury, damage or loss.

Certification of Accuracy & Release

By signing below, I swear under penalty of perjury that all of the information contained in this Application Form is true and correct. I understand that KS intends to use the information provided in this form to assist in determining my suitability for working in close proximity to children and that KS may also conduct criminal background checks prior to and during any volunteer work I perform. I understand that if KS finds by reason of the nature and circumstances of such crime(s), if any, that I pose a risk to the health, safety, or well-being of children, KS may refuse my volunteer services. I hereby agree to release, indemnify and defend KS, its trustees and employees, from all liability for any damage whatsoever that may arise from my disclosing this information.

Signatures

Volunteer's Signature:	Date:
<i>(As applicable)</i>	Date:
KS Sponsoring Coach's Name (Print):	Date:
<i>(As applicable)</i>	Date:
KS Sponsoring Coach's Signature:	Date:
Name of KS Location / Program / Sport:	

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KS Requestor (Print Name):	Date:
KS Administrator's Signature:	Date:

KS Administrator signature indicates that the education campus/program has allowed for this volunteer application to be processed in accordance to KS policy and procedure.

Notes:

FCRA Notice & Authorization

Volunteer

Name (*Print: Last, First, Middle*):

All Other Names Used (*Print: Last, First, Middle of each*):

Disclosure Regarding Consumer Reports

In considering you as a volunteer, Kamehameha Schools (“KS”) may request and rely upon one or more consumer reports about you that KS may obtain from a consumer reporting agency to be used for purposes of evaluating your suitability as a volunteer working in close proximity to children. In addition, if you are approved as a volunteer, KS may request one or more consumer reports during the time that you are volunteering for purposes of determining your continuing suitability to volunteer in proximity with children and/or as part of an investigation into any matters that might arise during the course of your volunteer work.

A “consumer report” is any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in making employment-related decisions. Such information may include, for example, credit information, criminal history reports, and driving records.

Under the Fair Credit Report Act (“FCRA”), before a company can obtain a consumer report for employment purposes, written authorization is required. Although you are **not** being considered for employment, volunteering could be interpreted as falling within the broad definition of “employment purposes” under FCRA. Accordingly, we wish to provide this FCRA required disclosure and obtain your authorization to obtain consumer reports before proceeding. Before KS would take any adverse action based on information in such a consumer report, you would be provided a copy of the report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Authorization

By signing below, you are voluntarily authorizing KS to obtain and rely upon consumer reports in considering you as a volunteer, and if you are selected as a volunteer, in considering your suitability to continue as a volunteer and for investigation purposes as needed.

Signature

Volunteer's Signature:

Date:

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Notes: