



# VISITOR ALOHA SOCIETY OF HAWAII

## Volunteer Application

Waikiki Shopping Plaza  
2250 Kalakaua Ave, Suite 403-3, Honolulu, HI 96815  
Ph: 808-926-8274 Fax: 808-926-0500  
E-mail: jrich.vash@gmail.com

(Must be 18-years-old to volunteer.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone no.(s): (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Native Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_

Areas of Interest:  Cases  Office Help  Special Events

Your hours & days of availability: \_\_\_\_\_

Where else have you volunteered? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please tell us about any special skills and interests that you would like to share with us: \_\_\_\_\_

To the best of my knowledge, the above statements are accurate.

\_\_\_\_\_  
Signature Date