



PALI PRESCHOOL

UNITED CHURCH OF CHRIST · 467 N. Judd Street · Honolulu, HI 96817

Volunteer Information

Name _____ Date _____
Last First Middle

Address _____
Street City State zip

Telephone () _____ Best time to call you _____

Social Security # _____

Educational Background

High School _____
Name City Degree

College _____

Graduate _____

Other _____

If you are presently enrolled in school, what are you studying? _____

What special talents, skills or knowledge do you have to share with this school:

Employment/Volunteer Most Recent History

Please complete all of the following blanks about your employment/volunteer history.

Name _____

Address _____
Street City State Zip

Telephone Number () _____ May we contact? Yes [] No []

From _____ To _____

Position or Title _____

Name/Title of Supervisor _____

Describe job duties, responsibilities and important accomplishments _____

Reason for leaving _____

Other Previous Experiences

Name _____

Address _____

Telephone () _____ May we contact? Yes [] No []

From _____ To _____

Position or Title _____

Name/Title of Supervisor _____

Describe job duties, responsibilities and important accomplishments _____

Reason for leaving _____

Other Experiences

Name _____

Address _____

Telephone () _____ May we contact? Yes [] No []

From _____ To _____

Position or Title _____

Name/Title of Supervisor _____

Describe job duties, responsibilities and important accomplishments _____

Reason for leaving _____

References

If possible, list three references not related to you and who are not previous supervisors.

1. _____

2. _____

3. _____

If you have any disabilities for which you need a reasonable accommodation to perform the position you are requesting, please describe them below as well as the accommodations you suggest. You DO NOT need to describe any physical or mental conditions which would not interfere with your job performance. This information will be treated confidentially and solely for the purpose of complying with the Americans With Disabilities Act.

I understand that I may be asked to leave if I have made any misrepresentations on this form. I authorize Pali Preschool to contact all references (including previous employers) to seek job-related information about me, and I release the church and all other persons and companies from liability for furnishing or obtaining such information.

Signature

Date

ADDITIONAL INFORMATION

In case of emergency, who should we notify?

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

What age group do you prefer working with? _____

What time commitment can you give? _____

What days and times are best for you? _____

Do you have current fingerprints on file through a child care center? Yes [] No []

If yes, Name of Center _____ Telephone _____

Do you have a TB Clearance given within one year? Yes [] No []

Do you have a current first aid training card? Yes [] No []

Do you have a current CPR card? Yes [] No []

Tell us why you have decided to work with young children? _____

In what ways are you seeking to grow? _____

Where do you see yourself in 3 – 5 years? _____