



# Hanauma Bay Education Program

## Volunteer Application

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

### **Contact Information**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **In an emergency, whom should we notify?**

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

Alternate numbers: \_\_\_\_\_

### **What days and times are you available to volunteer?** *(please check all that apply)*

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Mornings	_____	_____	<u>CLOSED</u>	_____	_____	_____	_____
Afternoons	_____	_____	<u>CLOSED</u>	_____	_____	_____	_____
*Evenings (Summer)	_____	_____	<u>CLOSED</u>	_____	_____	_____	_____

### **Education** *(please check all that apply)*

High School       Trade School       College       Graduate School

Diploma(s)/Degree(s): \_\_\_\_\_

\_\_\_\_\_

### **Certification(s)**

Basic First Aid       CPR       SCUBA       Life Guard       Other: \_\_\_\_\_

### **Specialized Skills** (foreign language, computer, grant writing, art, gardening...)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please fill out both sides of application →*

**Interests**

Hobbies: \_\_\_\_\_

Clubs/Associations you belong to : \_\_\_\_\_

**Volunteer Experience** *(briefly describe organization, type of work, approximate dates...)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current or Most Recent Employment**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**References** *(employer, co-worker, friend or family member)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Additional Comments/Information:**

**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 am authorizing Hanauma Bay Education Program to contact my former and current employer for references. If selected, I will comply with all requirements specified by my supervisor and acknowledge that the university may at its discretion terminate my participation in providing volunteer services at any time.

**Volunteer Name (please print)** \_\_\_\_\_

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***If under 18 years of age:***

**Parent/Guardian Name (please print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Hanauma Bay Education Program

# Volunteer Questionnaire

Name of potential volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**Please take a moment to review the following volunteer job descriptions. Place a check mark next to all volunteer opportunities you would like to learn more about, and then answer the questions below. All volunteer positions require a minimum commitment of at least 6 months, shift frequency varies. (Please note that there may not be space available in all areas at this time. Some areas also require previous experience.)**

**Interpretive Guide — (4 hour shift once per week)**

Interpretive Guides rotate between three volunteer stations during each volunteer shift. The three stations include an information desk in the visitors center, a small theater where a short orientation film is shown to all visitors, and a beach information kiosk. Volunteers staffing these areas make an effort to reach each of the Bay's visitors to ensure that they are informed of proper reef etiquette and how to enjoy their visit without harming the reef ecosystem. Majority of time is spent talking to visitors and answering their questions. The beach kiosk also involves marine life identification and opportunities for beach patrols. The theater requires presenting brief introductions to large crowds of visitors before each film showing.

**Ho'okipa Cart Helper — (SEASONAL - 2 hour shift once per week)**

The portable Ho'okipa Cart is stationed near the entrance to the Hanauma Bay Visitor Center where visitors line-up at the admission ticket windows. The Ho'okipa Cart Helper answers visitor questions and provide them with an opportunity to learn a little bit about the marine environment they are about to explore and how they can help to protect it. We usually need these volunteers during our busiest seasons of the year — summer and December.

**Program Docent — (as needed)**

Lead short natural history tours from the beach kiosk, instruct half-hour orientations for groups with educational permits, present classroom programs to school groups on or off-site.

**Gardener — (minimum once per week)**

Assist grounds keeping staff with upkeep of park plantings and gardens, assist with the E Mālama Hanauma Stewardship project.

How did you find out about our program?

Why do you want to volunteer at Hanauma Bay?

Are there any factors that we should know about that might prevent you from working the agreed upon hours? (i.e. travel plans, getting a job, enrolling in school, etc.)



# Hanauma Bay Education Program Volunteer Agreement

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**In signing this agreement, I understand and agree to the following:**

- ✓ I agree to be supervised by the Volunteer Coordinator or a designated staff person. In addition, I understand that I should contact the Volunteer Coordinator immediately with any concerns or problems.
- ✓ I will wear my Volunteer T-shirt and nametag while volunteering.
- ✓ I will be on time and call the Education Office if I am going to be late or absent. Three (3) unexcused absences can lead to dismissal from the program.
- ✓ I will keep an accurate record of my donated time by filling out the Volunteer Log during each of my volunteer shifts.
- ✓ I will treat the wildlife, people and property I come into contact with at Hanauma Bay Nature Preserve with respect. I will refrain from using profanity and conduct myself with courtesy at all times.
- ✓ I will NOT disseminate any information regarding water safety to the visiting public, but will direct them to the appropriate personnel (ie: snorkel concession staff or City & County Ocean Safety Lifeguards).
- ✓ I give permission to HBEP to use photographs or video footage of my volunteer activities in educational and promotional materials benefiting the Education Program.
- ✓ If and when I am no longer able to continue volunteering for HBEP, I will personally notify the Volunteer Coordinator.
- ✓ I authorize HBEP to seek emergency medical treatment for me in case of an accident, injury or illness and to hold HBEP harmless in such an event. I understand that HBEP volunteers are eligible for Workers Compensation coverage for injuries sustained while performing the duties of an HBEP volunteer.

**I understand that failure to abide by the rules and regulations set forth by this agreement, the volunteer training and handbook, or the instructions of either the Education Program or Park Management, can lead to my dismissal as a volunteer.**

**Volunteer Name (please print)** \_\_\_\_\_

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If under 18 years of age:*

**Parent/Guardian Name (please print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Hanauma Bay Education Program

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## *Assumption of Risk and Release*

I, \_\_\_\_\_, in full recognition and appreciation of the dangers and hazards inherent in field trips, during transportation to and from such trips, and in volunteer work at Hanauma Bay Nature Preserve with the University of Hawai‘i Sea Grant Hanauma Bay Education Program (HBEP), to which I may be exposed during my enrollment as a volunteer with the HBEP, do hereby agree to assume all the risks and responsibilities surrounding my participation in such field trips or volunteer work or any independent research undertaken as an adjunct thereto; and, further, I do for myself, my heirs, executors, and administrators hereby release and forever discharge the University of Hawai‘i, the University of Hawai‘i Foundation, the Research Corporation of the University of Hawai‘i, and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, and actions, or cause of action, on account of damage to my personal property, or personal injury, or death which may result from any cause during the period of participation as aforesaid.

IN WITNESS WHEREOF, I have caused this release to be executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Volunteer Signature

Witnessed by

Parent/Guardian Signature  
(if Volunteer is a minor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_