

Office of the Prosecuting Attorney

Volunteer Application

Name: _____ Today's Date: _____

Birth Date: _____ Email : _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Medical Insurance Company: _____

Educational Background:

High School Attended: _____

Date of Graduation: _____ or Highest Grade Completed: _____

University Attended/Attending: _____

Major: _____ Date of Graduation: _____

Employment History: Please list employment, starting with most recent, during last 3 yrs.

Company: _____ Dates Employed: _____

Position: _____ Supervisor: _____

Company: _____ Dates Employed: _____

Position: _____ Supervisor: _____

Company: _____ Dates Employed: _____

Position: _____ Supervisor: _____

Do you require any reasonable accommodations to perform job duties?: _____

What is your major reason for wanting to volunteer?: _____

To help provide you with the best possible placement as a volunteer please indicate below which of the following areas you have an interest.

Typing	Clerical	Public Speaking	Crisis Intervention
Counseling	Elderly	Domestic Violence	Victim Assistance
Art/Graphics	Publicity	Legal Research	Court Monitoring
Children	Computer	Legislature	Education
Community Resource Development	Other: _____		

What days and times can you volunteer?: _____

Have you ever worked as a paid staff or volunteer in any part of the justice system? _____

If yes, Please describe briefly: _____

We are required to complete background check on all applicants. Have you ever been arrested or convicted of any crime?: _____ If yes, please explain: _____

Describe any community activities you participate in: _____

Please list three references (a minimum of 2 references should not be related to you):

	Name	Address	Phone
1.			
2.			
3.			

Volunteer Signature _____ Date _____

FOR OFFICE USE ONLY

Interview Date: _____ Date Referred for Clearance: _____ Cleared: _____

Assigned to: _____

Comments: _____

Starting Date: _____ Ending Date: _____

Notes: _____

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

In connection with the background investigation being conducted by the County of Hawaii, I hereby authorize any authorized representative of County of Hawaii, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my grievance records, employment, military, credit or educational records, criminal and traffic records, including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information will be used in connection with the consideration of my employment by the County of Hawaii and will be disseminated to those individuals or agencies directly involved in this determination or to fulfill other obligations imposed by law, regulation or executive order. I hereby release you, as the custodian of such records, and any law enforcement, government agency, school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Type or Print)

Any Former Name(s): _____

Date: _____

Current Address: _____

Telephone Number: _____

Social Security Number: _____