

PBS Hawaii Volunteer Application

Date: _____

Personal Information

Name: _____

Address, City, ZIP: _____

Phone: _____ Email: _____

Transportation: _____ Birthday: _____
(optional)

Emergency Contact: _____

Name	Relationship	Daytime Phone
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Do you have any medical restrictions? _____

Education/Experience

What is your educational background? _____

What work/volunteer experience have you had? _____

Why are you interested in volunteering at PBS Hawaii? What would you like to learn? _____

Schedule

What days and times are you available? (our office hours are Monday – Friday from 8:00 a.m. – 5:00 p.m.) _____

How many hours per week would you like to volunteer? _____

Work Style

Please indicate whether you agree or disagree with the following statements.

	Agree	Disagree	Unsure
I enjoy taking responsibility for projects.	_____	_____	_____
I am good at organizing things.	_____	_____	_____
I am comfortable using office machinery.	_____	_____	_____
I am comfortable doing physical labor.	_____	_____	_____
I enjoy working with people.	_____	_____	_____
I am comfortable asking questions if needed.	_____	_____	_____
I am comfortable working independently.	_____	_____	_____

Job Skills and Interests

Please indicate how comfortable you are performing the following tasks. Circle the tasks that are of particular interest to you.

	Comfortable	Moderately Comfortable	Uncomfortable
Clerical:			
Typing	_____	_____	_____
Filing/Alphabetizing	_____	_____	_____
Photocopying	_____	_____	_____
Sorting mail	_____	_____	_____
Data entry/computer work	_____	_____	_____
Navigating the internet	_____	_____	_____
Public Relations:			
Answering phone	_____	_____	_____
Writing	_____	_____	_____
Assisting at special events	_____	_____	_____

Thanks for your interest in supporting PBS Hawaii in this very important way!