

**Lanakila Pacific  
VOLUNTEER FORM**

	<b><i>Yes, I would like to volunteer my services to Lanakila!</i></b>
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Name:	
Address:	
City, St, Zip:	
Day Phone:	
Eve Phone:	
Email:	

Company:	
Website:	
Phone:	

Do you have your own car?  
 Yes                       No

**Type of volunteer work interested in:**

	Lanakila Meals on Wheels Delivery
	Lanakila Meals on Wheels Packaging
	Lanakila Teaching & Learning Centers Support
	Lanakila Workforce Resources Support
	Administration Support
	Special Events

	I'm not interested at this time, but include me on your mailing list.
	I want to have a tour of your facility.

Availability	Time(s) Between 7:30am-4:00pm
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

*For more information, please call Eric Batalon at 356-8532 or [ebatalonlanakilahawaii.org](http://ebatalonlanakilahawaii.org)  
 Lanakila, 1809 Bachelot St., Honolulu, HI 96817 \*531-0555 \* [www.lanakilahawaii.org](http://www.lanakilahawaii.org)*

***Mahalo for your support!***

LANAKILA MEALS ON WHEELS (LMOW)

1809 Bachelot Street  
Honolulu, Hawaii 96817  
Phone: 531-0555 Fax: 524-8657

**VOLUNTEER AGREEMENT**

LMOW enters into this agreement with you as a volunteer because we appreciate your willingness to provide services to LMOW. We will do our best to make your volunteer experience with LMOW fulfilling and productive.

Supervisor/Title:	
Volunteer's Assignment:	
Site Location:	

Work Days/Hours:

M    T    W    Th    F   
 From:   
 To:

LMOW Agrees to:

1. Provide all necessary orientation, training, supervision, and periodic evaluation of the position.
2. Change and/or add/delete tasks by mutual agreement between the volunteer and supervisor.
3. Keep the volunteer informed of any changes to LMOW's hours of operation.
4. Respect the skills/needs of the volunteer and make any necessary adjustments.
5. Provide mileage reimbursement for volunteers performing as HDM drivers.

Volunteer Agrees to:

1. Become familiar with and adhere to LMOW policies/procedures.
2. Provide at least 24 hours notice if unable to work (except emergencies).  
Phone number to call: 531-0555.
3. Give prior notice if volunteer work is to be terminated or interrupted for an extended period.
4. Protect CONFIDENTIAL information and exercise good judgment.
5. Maintain a non-judgmental attitude with clients.
6. Be willing to learn and ask questions about things not understood.

\_\_\_\_\_  
LMOW Supervisor Signature      Date

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

**Lanakila Meals on Wheels (LMOW)  
VOLUNTEER REGISTRATION**

Name:		Phone:	
Address:			
City:	State:	Zip:	
Emergency Contact:		Phone:	

**Background**

Education:	
Current Employer / School:	
Phone / Email:	
Any Previous Experience Working with Older Persons:	
Skills / Interests:	
Hobbies / Special Talents:	
Special Certificates / Licenses, etc.:	

**Medical Information**

Health Insurance Plan:	
List any health condition you may have that require special care or medication:	

**Availability:**

Monday Hrs:		Friday Hrs:	
Tuesday Hrs:		Saturday Hrs:	
Wednesday Hrs:		Sunday Hrs:	
Thursday Hrs:			

Own Transportation?  Yes  No

Driver's License No.		Exp Date:	
Insurance Company:		Policy #:	

*(License, insurance and traffic abstract need only be supplied if volunteer duties include driving.)*

**How did you hear about LMOW?**

<input type="checkbox"/> Friend	<input type="checkbox"/> LMOW Staff	<input type="checkbox"/> LMOW Client	<input type="checkbox"/> Other
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Advertisement	<input type="checkbox"/> RSVP	Specify: _____

If necessary, I give my permission for LMOW to verify any information stated on this form.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Thank you for your interest and consideration of volunteer opportunities with LMOW.  
We will contact you as soon as we can match your interest.

