



VOLUNTEER APPLICATION & CONTACT FORM

CONTACT NAME: _____

CONTACT PHONE: _____

ADDRESS: _____

CONTACT EMAIL: _____

PLEASE CIRCLE YOUR AGE GROUP: 18-35 36-50 51 & OVER

IN CASE OF EMERGENCY

CONTACT NAME: _____

CONTACT PHONE: _____

RELATIONSHIP TO YOU: _____

PLEASE INDICATE DAYS YOU ARE AVAILABLE: _____ **SATURDAY 7/30/22** _____ **SUNDAY 7/31/22**

TIMES AVAILABLE: _____ **1ST SHIFT** 9:30AM TO 1:30PM _____ **2ND SHIFT** 1:30PM TO 5:30PM

ANY PHYSICAL LIMITATIONS: _____

AS A VOLUNTEER OF PUNA KAI SHOPPING CENTER I AGREE TO ABIDE BY THE POLICIES AND PROCEDURES. I UNDERSTAND THAT I WILL BE VOLUNTEERING AT MY OWN RISK AND THAT PUNA KAI SHOPPING CENTER, IT'S EMPLOYEES AND AFFILIATES, CAN NOT ASSURE ANY RESPONSIBILITY FOR ANY LIABILITY FOR ANY ACCIDENT, INJURY OR HEALTH PROBLEM WHICH MAY ARISE FROM ANY VOLUNTEER WORK I PERFORM FOR PUNA KAI SHOPPING CENTER. I AGREE THAT ALL THE WORK I DO IS ON A VOLUNTEER BASIS.

NAME: _____ **DATE:** _____ **SIGNATURE:** _____