

Pacific Whale Foundation and Ocean Science Discovery Center Volunteer Application and Information Form

Please tell us about yourself:

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (h) _____ (c) _____
 E-mail Address: _____ Birth Date: _____
 Best time to reach you: _____

How did you hear about us?

Why do you want to volunteer for the Pacific Whale Foundation?

Availability: In what months are you available to volunteer? (please circle)

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

(Please check the boxes that represent your regularly available hours)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Approximate amount of hours per month you would like to spend volunteering? _____

About You:

Have you volunteered for us before? If so in what capacity?

What qualities best describe you? (please circle any that apply)

organized
enthusiastic

friendly
motivated

attentive to details
flexible

team leader
team player

Other: _____

Which of the following skills do you have? (please circle any that apply)

Organization/filing
Computer Knowledge
Accounting/Bookkeeping

Education experience
Public speaking
Marine Life Knowledge

Marketing/sales
Boat Skills

Research
Program Development

Please describe any relevant skills, training, and/or teaching experience that you possess. _____

What languages do you speak fluently? _____

Please prioritize the position/s that most interest you: (1 = first choice, 2 = second choice etc.)

Retail () Education for children () Research Data () Vessels ()
Office () Education for adults () Conservation () Special Events ()

Is there anything else you would like to share with us? _____

References Please list the names of two people, not related to you, whom you have known for at least one year.

1.

Name	Relationship to You	Phone Number		
Street Address	City	State	Zip	Years Known

2.

Name	Relationship to You	Phone Number		
Street Address	City	State	Zip	Years Known

Emergency Contact Info In an emergency please contact:

Name	Relationship	Phone Number
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I certify that the above information on this form is correct. I have read, and fully agree with the policies stated here.

Applicants signature _____ Date _____

Thank you again for your interest in volunteering for the Pacific Whale Foundation and Ocean Science Discovery Center and taking the time to fill out this form. We will get back to you as soon as possible. If you would like to attach any additional information, please feel free to do so. For any additional questions, please call 244-8392 to speak to our volunteer coordinator or email volunteer@pacificwhale.org.

Please send this application form to:

Pacific Whale Foundation
Volunteer Coordinator
300 Maalaea Road * Ste. 211
Wailuku, Hawaii 96793
Fax: (808) 243-9021