



Community
Volunteers
in the Classroom

Aloha!

Welcome to Community Volunteers in the Classroom! We are delighted that you are taking this opportunity to support Hawai'i Department of Education Schools on Kaua'i. The rewards of volunteering are intangible, but enormous. Helping a child to unlock an academic problem or witnessing an "aha" discovery can be one of life's unforgettable moments.

To become a part of this vital program, please complete and return the attached volunteer application to Bridget Arume, DOE PCNC Coordinator at the address below. You will be matched with a teacher, task and time that will be most convenient and rewarding for you at an elementary, middle or high school.

As part of the volunteer recruitment program, a background check and finger printing will be required. In addition, one or more of your references may be contacted.

When these steps have been satisfactorily completed, your application will be forwarded to the appropriate school. A volunteer coordinator will contact you to discuss your preferences and to schedule an interview.

Short training sessions are planned. Once you have been assigned to a school, staff will orient you and provide an opportunity to meet the teacher with whom you will be partnering.

If you have questions, please feel free to contact me at 821-6972 x116 or email bridget_arume@notes.k12.hi.us. Mahalo for your interest!

Sincerely,

Bridget Arume, PCNC Coordinator
Department of Education

Return Application to:
Bridget Arume
Kapa'a Middle School
4886 Kawaihau Road, Kapaa, HI 96746



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VOLUNTEER APPLICATION

PERSONAL INFORMATION

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Cell Phone _____

Fax _____ Email _____

Best time to contact you: _____

EXPERIENCE

Current Position and Employer: _____

Past Position and Employment: _____

Volunteer Experience: _____

Skills or interests that you could share: _____

AVAILABILITY

Please circle the days and times you are available:

Monday Tuesday Wednesday Thursday Friday

Mornings from ____ to ____ Afternoons from ____ to ____

How many hours could you be available each time? _____

Could your time be flexible to meet needs of the School? ___Yes ___No

If you are unable to volunteer on a regular basis, could we contact you for special events? ___Yes ___No

PREFERENCES:

Elementary School:

- Kekaha
- Ele'ele
- Kalaheo
- Koloa
- Wilcox
- King Kaumuali'i
- Kapa'a
- Kilauea

Middle School:

- Waimea Canyon
- Chiefess Kamakahalei
- Kapa'a

High School:

- Waimea
- Kaua'i
- Kapa'a

Volunteer interest (check one or more):

- Reading
- Math
- Writing
- Science/Social Studies
- Special Education
- Clerical (copying, filing, shelving books, laminating, etc.)
- Other (please specify):
- Art/crafts
- Music
- Hawaiiana
- Outdoor Activities (P.E., gardening)
- English Language Learners

How did you hear about this opportunity?

Why are you interested in volunteering in a classroom?

EMERGENCY INFORMATION

Contact Person: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

REFERENCES

List two community references to whom you are NOT related:

Name (1) _____

Address _____

Daytime Phone _____ Cell Phone _____

Relationship _____

Length of time you have known this individual: _____

Name (2) _____

Address _____

Daytime Phone _____ Cell Phone _____

Relationship _____

Length of time you have known this individual: _____

I declare that the information provided by me is correct and made in good faith.

Signature _____ Date _____