



For office use only:  
\_\_\_ Uniform  
\_\_\_ Release form  
\_\_\_ Service Learning    Hours: \_\_\_\_\_

## VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

*Employment:* briefly describe any full or part-time employment you had. You may attach a resume if you please.

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact number: \_\_\_\_\_

May be contact your employer?       YES       NO

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact number: \_\_\_\_\_

May be contact your employer?       YES       NO

*Volunteer responsibilities:* briefly describe volunteer positions you held, school or community programs or events you were actively involved in, or extracurricular experiences.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Special skills:* we would like to get to know you better and find out what you are good at and what you enjoy doing. Check all that apply or briefly describe special skills or training.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Scuba Certified         | <input type="checkbox"/> Research               | <input type="checkbox"/> Web design          |
| <input type="checkbox"/> CPR/First Aid Certified | <input type="checkbox"/> Curriculum development | <input type="checkbox"/> Performing Arts     |
| <input type="checkbox"/> Teaching Experience     | <input type="checkbox"/> Aquarium maintenance   | <input type="checkbox"/> Sales and Marketing |
| <input type="checkbox"/> Artistic Skills         | <input type="checkbox"/> Aquarium building      | <input type="checkbox"/> Media/TV            |
| <input type="checkbox"/> Photography             | <input type="checkbox"/> Graphic design         |  |

Other: \_\_\_\_\_  
 \_\_\_\_\_

*Languages spoken:*

1. \_\_\_\_\_ Level: \_\_\_\_\_  
 2. \_\_\_\_\_ Level: \_\_\_\_\_

Anything else you would like to share with us? \_\_\_\_\_  
 \_\_\_\_\_

I volunteer for Service Learning or a school project: \_\_\_\_\_ Hours needed: \_\_\_\_\_  
 School name: \_\_\_\_\_ Teacher name: \_\_\_\_\_

*Availability:* please let us know when you would generally be free to help out. Check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

I will have more time when school/college is not in session

*I have read and understand the basic volunteer program information provided. If selected for a position, I will do my best to fulfill my obligations to this program so that it will be a worthwhile and meaningful experience for both myself as well as for Hawaiian Sea Life. I am at least 18 years of age or have included a signed permission form from my parents.*

\_\_\_\_\_  
 Volunteer name (please print) Date



## WAIVER OF LIABILITY

### **THIS IS AN IMPORTANT LEGAL DOCUMENT. READ CAREFULLY BEFORE SIGNING.**

In consideration of acceptance of my entry into the Living Art Marine Center, I, for myself, my heirs, my executors, my administrators, my trustees, and any and all successors in interest, fully and forever waive and release any and all rights and claims for any injuries and damages, including but not limited to demands or actions for negligence, premises liability, emotional injury, intentional conduct, resulting in unintended injury or damage tort claims, any other actions or demands of whatsoever nature, to the fullest extent permitted by law, I may have against HSL Group LLC and the Living Art Marine Center; in Honolulu, Hawaii USA. All sponsors of the Living Art Marine Center; and all employees, principals, directors, shareholders, agents, members, managers, affiliates, volunteers, officials, and representatives acting for or on behalf of any of these entities.

I acknowledge that I am aware of the inherent risks involved in the event, and I voluntarily assume these risks. While the risks posed at the Living Art Marine Center are few, any injuries sustained while on premises are not the fault of Living Art Marine Center, HSL Group LLC, and all employees, principals, directors, shareholders, agents, members, managers, affiliates, volunteers, officials, and representatives acting for or on behalf of any of these entities.

As a condition of my participation in this Event, I hereby grant the Living Art Marine Center a limited license to use my name, likeness, image, voice, video, (collectively, "Likeness"), in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the Living Art Marine Center and/or the Post Larval Rearing (PLR) program. The foregoing grant, however, does not constitute consent to use my Likeness in an endorsement of any product or service without my specific written consent.

The Living Art Marine Center reserves the right to reject my entry and further reserves the right to change the details of the event without prior notice. I understand that my entry fee is non-refundable and are not transferable.

### **EMERGENCY CONTACT: Name and telephone number**

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**I am at least 18-years of age and have read and understood the above.**

**X** \_\_\_\_\_  
Signature/Date

**I am under 18 years of age.** My parent or legal guardian has read and understood the above and is signing below. He/She consents to my participation in the event under the terms hereof.

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Name of Student (Please Print)

**X** \_\_\_\_\_  
Signature of Parent or Guardian/Date