



## THE MEDIATION CENTER OF THE PACIFIC, INC.

245 N. Kukui Street, Ste. 206

Honolulu, Hawaii 96817

(808) 521-6767

[mcp@mediatehawaii.org](mailto:mcp@mediatehawaii.org)

### Volunteer Application

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#### Contact Information

Name	
Have you Ever used any other names? If so, please print.	
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

#### Availability

During which hours are you available for volunteer assignments?	
___ Weekday mornings	___ Saturday mornings
___ Weekday afternoons	Hours requested per week: _____
___ Weekday evenings	

#### Interests

Tell us in which areas you are interested in volunteering	
___ Receptionist	___ Newsletter production
___ Mailings	___ Volunteer coordination
___ Material Preparation	___ Community Outreach
___ Fundraising	___ Data Input
___ Event Planning	___ Other



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### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	



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### References

List name and telephone number of three business/work references/ personal reference

Name	Title	Relationship to you	Phone Number	Number of Years Known
1.				
2.				
3.				

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, ancestry, marital status, sexual preference, age, disability, arrest and court record or any other protected category recognized by Hawaii or federal laws.

Thank you for completing this application form and for your interest in volunteering with us.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	



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### CERTIFICATION

**PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in this application is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration of the volunteer service agreement, regardless of how discovered.
- B. I understand that **MY VOLUNTEER SERVICES WITH THE MEDIATION CENTER OF The Pacific, INC. (MCP) CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR THE COMPANY.**
- C. I understand and agree that MCP may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the MCP with any information (including fact or opinion) they may have regarding me. In consideration of the MCP'S review of this application, I release the MCP and all providers of any information from any liability, which may arise as a result of furnishing and receiving this information. I understand and agree any volunteer service agreement shall be conditional on the receipt of satisfactory references as determined by the MCP. I further authorize the MCP to provide truthful information (including fact or opinion) regarding my service to any potential or future employer and release and waive any claims against the MCP for truthfully communicating any such information to a potential or future employer.
- D. I agree that the MCP may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of volunteer service agreement. The MCP may withdraw the conditional volunteer service agreement, if I have a criminal conviction record, which bears a rational relationship to the duties and responsibilities of the position, for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.
- E. If hired, I agree not to **disclose or use confidential information** belonging to MCP and that I will inform the MCP of any agreements that would limit my ability to honor the volunteer service agreement with MCP.
- F. I understand and agree that all of the foregoing terms and conditions will become part of my volunteer service agreement with the MCP if I am providing services to MCP.

Authorization/Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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