



# Makakilo Baptist Church Preschool

92-611 Makakilo Drive, Kapolei, HI 96707

Phone: (808) 672-3505 Fax: 672-5501

## PRESCHOOL VOLUNTEER APPLICATION

Name: \_\_\_\_\_ 18 yrs. or older?  Yes  No

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street, Apt. # City State Zip Code

Employment/School: \_\_\_\_\_

Education (highest level completed): \_\_\_\_\_

Days Available (please circle): MON. TUES. WED. THUR. FRI. ANY DAY

Time or Hours Available: \_\_\_\_\_ to \_\_\_\_\_ a.m. // \_\_\_\_\_ to \_\_\_\_\_ p.m. // \_\_\_\_\_ anytime

Special Notes/Requests : \_\_\_\_\_ Field Trips only; \_\_\_\_\_ As Needed; Other \_\_\_\_\_  
\_\_\_\_\_

Special Interests/Skills: \_\_\_\_\_

Relationship (if not a parent) to a child currently attending the preschool: \_\_\_\_\_  
(example: grandparent, uncle, aunt, neighbor, none, etc.)

Name of Child: \_\_\_\_\_ Class:  Blue  Red  Yellow

### **References (2 required; please print clearly):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_, \_\_\_\_\_  
*Home Day/Cell*

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_, \_\_\_\_\_

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

**(turn over and complete on other side...)**

*“Train up a child in the way he should go, and when he is old, he will not depart from it.”  
Proverbs 22:6 (KJV)*

**Who Do We Contact In Case of Emergency (must be completed):**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Res.): \_\_\_\_\_  
\_\_\_\_\_ Ph. (Day or Cell): \_\_\_\_\_

**Please Give Your Current Medical Insurance Provider Information:**

Medical Coverage: \_\_\_\_\_ Policy or Group#: \_\_\_\_\_

**Doctor's Name & Phone Number:**

\_\_\_\_\_ PH: \_\_\_\_\_

*In the event the need for medical care for myself should occur, I give my permission to the staff members of Makakilo Baptist Church Preschool to seek emergency medical care for me. I will assume full responsibility and any costs incurred.*

*I will not hold Makakilo Baptist Church Preschool, its staff, participating volunteers, nor the church and its affiliates responsible for any unforeseen accidents or property loss/damage involving myself during any of the activities.*

*I hereby declare that the above information is true and accurate. I agree to abide by all school policies covered by the Parents Handbook by submitting any required TB Clearance Certificate, Physical Exam Form and/or a Current Criminal History Clearance prior to any volunteer work at the preschool.*

Signed: \_\_\_\_\_

(Volunteer's Signature)

(Date)

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Proverbs 22:6 (KJV)*