



Volunteer Application

Application Date _____

Name _____

First

Middle

Last

Present Address _____

Home Phone _____ Cell Phone _____ E-mail _____

Birth Date: _____

1st Emergency Contact Name _____ Relationship _____

Phone Number _____

2nd Emergency Contact Name _____ Relationship _____

Phone Number _____

How did you find out about the Aquarium's Volunteer program? _____

Do you have any physical limitations that you would like to share with us? _____

If so, please detail: _____

What days of the week are you available to work? _____

Please initial if you satisfy the following requirements:

- I am a full time resident of Maui ____
 - I have lived at least a 6 months here on Maui ____
 - I have completed a Naturalist Certification course within the last 5 years ____
 - I can make a minimum 6 month commitment to MOC ____
 - I am at least 18 years of age ____
-

I acknowledge that the information I have given on this application is correct.

_____/_____
Signature Date

What do you hope to gain by volunteering at the Maui Ocean Center?

List any special skills and interests you would like to share with us.

List any education, training, work or volunteer experiences that relate to volunteering at Maui Ocean Center:

Please attach a resume and cover letter stating your interests.

References

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Maui Ocean Center
192 Ma'alaea Road
Wailuku, HI 96793
Phone: 808-270-7000
Fax: 808-270-7070
