



Volunteer Application

Name: Ilkk

Birthday (Month and day): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please Check one: Youth (15-17) \_\_\_\_\_ Adult \_\_\_\_\_

Days & Times Available: \_\_\_\_\_

Volunteer Areas of Interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please e-mail completed form to [volunteers@discoverycenterhawaii.org](mailto:volunteers@discoverycenterhawaii.org)