



# ALOHA MEDICAL MISSION

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## New Volunteer Application – Lay Person

Please print clearly. Use black or dark blue ink only.

Place of mission interested: \_\_\_\_\_ Dates of mission: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Primary Phone:**

- Home
- Business
- Cellular

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Graduated/Attending: \_\_\_\_\_

Degree Attained/In Progress: \_\_\_\_\_ Year Awarded/Expected: \_\_\_\_\_

Current Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Foreign language(s) and proficiency level: \_\_\_\_\_

Have you been on a mission with another organization? Y N If yes, where? \_\_\_\_\_

When? \_\_\_\_\_ What organization? \_\_\_\_\_

What types of cases did you help with?

Please describe your skills and interests relevant to the missions you are applying for:

How did you hear about Aloha Medical Mission? \_\_\_\_\_

Have you spoken to an AMM member/mission leader regarding your application? Y N

If yes, who? \_\_\_\_\_

Please list professional and personal references.

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

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

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

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

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

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

By signing below, I attest that all of the information provided in this application (and accompanying documentation) is true and complete to the best of my knowledge.

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

**Along with this application, please submit your résumé.**