



Honolulu Community Action Program, Inc.
A Non-Profit Community Action Agency

Hā Initiative:

Creative Science, Technology,
Engineering, and Math After-School
Program

Volunteer Application



Hā Initiative:

Creative Science, Technology, Engineering, and Math (STEM)
After-School Program

Volunteer Application

Thank you for your interest in volunteering with the Hā Initiative: Creative STEM After-School Program. Please take a few moments to fill out this application form.

Email the completed form to hcapstem@hcapweb.org

First Name: _____
Last Name: _____
Date of Birth: _____
Gender: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Email Address: _____
Phone Number: _____

Does the Hā Initiative need to be aware of any additional paperwork required by you (the volunteer)? For example: Do you need volunteer hours for school?

Which center will you be volunteering at?

- ☐ Aiea
- ☐ Kalihi
- ☐ Palolo
- ☐ Waianae
- ☐ Windward (Waiahole)

What days are you available to volunteer?

Please note: you must commit to at least one day a week; your schedule can vary weekly depending on your needs.

- ☐ Mondays 2:30-5:30pm
- ☐ Tuesdays 2:30-5:30pm
- ☐ Wednesdays 1:30-5:30pm
- ☐ Thursdays 2:30-5:30pm
- ☐ Fridays 2:30-5:30pm

**Times vary slightly depending on the center*

How did you hear about this volunteer opportunity? (Please check all that apply)

- ☐ Volunteer Website
- ☐ Word-of-Mouth
- ☐ Flyer/Poster/Bulletin
- ☐ School Staff
- ☐ Religious Center Staff/Bulletin
- ☐ Volunteer/Career/Community Fair
- ☐ Other: _____



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Questionnaire

In a few sentences, please share a little bit about yourself (hobbies/activities, interests, goals, etc...)

What are/were some of your favorite classes in school? Why?

Now, think back to when you were in elementary school... was there any activity or topic you remember that you really enjoyed doing?

Why do you think consistency is important when working with children?

What are your thoughts on working with children and science, technology, engineering, and math (STEM) topics?

What made you interested in volunteering with The Hā Initiative: Creative STEM After-School Program?

What do you hope to gain from this volunteer experience?

Is there anything else you would like to share with us?



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Medical Information

Do you have any allergies/are you allergic to anything?

- ☐ YES
☐ NO

If yes, please list/describe below:

Do you require epinephrine?

- ☐ YES
☐ NO

Do you receive regular care for any medical conditions?

- ☐ YES
☐ NO

If yes, please describe below:

Are you taking any medications?

Please note: HCAP staff and volunteers will not administer medication.

- ☐ YES
☐ NO

If yes, please list any/all medications below:

Are there any other medical conditions you would like us to be aware of?

Emergency Contact

Full Name: _____

Relationship to you: _____

Address: _____

Phone number: _____