



the early school

2510 Bingham Street Honolulu, HI 96826
(808) 955-5881 info@theearlyschool.org

Personal Information:

First & Last Name:

Address:

Phone number:

Email:

Volunteer Information:

Are you legally authorized to work in the United States?: Yes No

Have you ever volunteered with TES before?: Yes No

If yes, when?: _____

Dates of volunteer time:

Position:

Supervisor's name:

Contact no:

Reason for leaving:

May we contact previous employer for reference?: Yes No

Please briefly describe why you would like to volunteer at TES:

References: (no relatives)

(Name)	(Title)	(Phone no.)	(# of years known)
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(Name)	(Title)	(Phone no.)	(# of years known)
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(Name)	(Title)	(Phone no.)	(# of years known)
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In return for being allowed to participate in The Early School volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the The Early School or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("TES") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur. I understand and agree that TES are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless TES for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that TES have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of TES.

Signature: _____

Date: _____