



Volunteer Application

Available Start Date: _____ / _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ E-mail: _____

Availability: (Please circle day(s) and note times)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Special Events
Available:	_____	_____	_____	_____	_____	_____

What kind of volunteer work are you interested in?

Media Release Form

In view of the mutual benefits resulting herefrom, and no other pay or remuneration, I grant the Hawaii Island United Way, Inc. the right to use pictures, video, and or sound bites of me for use in their displays, brochures, campaign films and materials and publicity stories. Such media may be used only by the Hawaii Island United Way, Inc., and in an honorable and legitimate way.

Date: _____

Print Name: _____

Signed: _____

***If above is a minor, parent/guardian must sign this form**

Signed: _____

Date: _____

Print: _____

Relationship: _____



CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement made by and between Hawaii Island United Way, Inc., by Jessica Thompson, its President and CPO, hereinafter referred to as "HIUW," and _____ hereinafter referred to as "Volunteer."

1. Confidential Information.

Based on the relationship and interaction between HIUW and Volunteer, the Volunteer acknowledges it may have access to certain confidential and proprietary information.

Confidential information shall include, but not be limited to all materials, data, or media relating to HIUW.

2. Volunteer Obligations.

Volunteer understands and agrees Confidential information is to be considered confidential and proprietary to HIUW and shall only be used for the purpose of its business with HIUW. Volunteer will not disclose any confidential information received from HIUW to any other party whatsoever except with specific prior written authorization by HIUW. Volunteer further agrees they will take every reasonable precaution to protect the confidentiality of all information and materials relating to HIUW.

Upon request of HIUW, Volunteer will return all confidential information in written or tangible form, including copies of reproductions.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by HIUW this _____ day of _____, 20____, and by Volunteer this _____ day of _____, 20____.

HAWAII ISLAND UNITED WAY, INC.

By: _____
Jessica Thompson, HIUW President and CPO

By: _____
Volunteer (Print Name)

Volunteer (Signature Required)