



HILO BENIOFF MEDICAL CENTER  
HONOKA`A HOSPITAL  
KA`U HOSPITAL  
Y. OKUTSU STATE VETERANS HOME

1190 WAIANUENUE AVENUE  
HILO, HAWAII 96720  
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## VOLUNTEER PARENT/GUARDIAN PERMISSION FORM

The East Hawaii Region (EHR) of Hawaii Health Systems Corporation (HHSC), including Hilo Benioff Medical Center, Honoka`a Hospital, Kau Hospital, East Hawaii Health Clinics, and Yukio Okutsu State Veterans Home welcomes applications from the community.

**Volunteer applications are accepted online at [www.hbmc.org/volunteers](http://www.hbmc.org/volunteers).** Before considering applications for individuals under the age of 18, our region requires a completed parent/guardian permission form.

If you have any questions, please contact Human Resources at 808-932-3150.

### VOLUNTEER APPLICANT'S INFORMATION

_____	_____	_____	_____
Last Name	First Name	MI	Birthdate
_____		_____	_____
Home Address		City	State ZIP
_____		_____	_____
_____	_____		
Email	Cell Phone		

Applicants must read and acknowledge: Your application must be formally approved before you, the applicant can begin the learning experience in any of the EHR facilities. **Applications may be submitted at [www.hbmc.org/volunteers](http://www.hbmc.org/volunteers).** Applicants will not be authorized to begin any aspect of the learning experience without written approval from Human Resources.

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

**Volunteer applicants under the age of 18 must include this form with parent/guardian's signature**

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_