



Anna Ranch  
Heritage Center

## Volunteer Application

*The Anna Ranch Heritage Center seeks motivated and qualified individuals interested in volunteering their skills and talents to a cultural treasure located in the community of Waimea.*

*This is a fantastic opportunity to work with a professional, cultural, & educational organization that is on both the State and National Registry of Historic Places.*

**INSTRUCTIONS:** Please complete all sections and return to the volunteer coordinator at Anna Ranch Heritage Center, 65-1480 Kawaihae Road, Kamuela, HI 96743. If you have any questions please call 885-4426 or email [info@annaranch.org](mailto:info@annaranch.org)  
~ Thank you.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

Specialized Training or Certification: \_\_\_\_\_

How did you learn about Friends of Anna Ranch Volunteer Program?

\_\_\_\_\_

Describe your special areas of interest. \_\_\_\_\_

\_\_\_\_\_

Describe any specialized skills (carpentry, photography, clerical, etc.). \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer with Anna Ranch Heritage Center? \_\_\_\_\_

\_\_\_\_\_

## Volunteer Preferences

- Must be willing to work a flexible schedule of 12 hours per month with a minimum of 4 hours per shift.*

Docent (tour guide)

Grounds Beautification

Kitchen Gift Shop (cashier, customer service, merchandising)

Special Events (on-call host/hostess)

Office Assistant (data entry, typing, filing, mailing and answering phones)

## Availability: Historic Home Hours, Tuesday Through Friday (10am to 3pm)

Docent Volunteer Shift: 10:00am – 2:00pm (once a week)

Grounds Volunteer Shift: 7:00 am – 12:00 pm (once to four times a week)

Indicate Day Available:

Tuesday	Wednesday	Thursday	Friday

Are you available for evening events? Yes No

Are you available for weekend events? Yes No

## Personal References

Please list two references (non-family) that we may contact:

1. \_\_\_\_\_  
 Name Phone Number  
 \_\_\_\_\_  
 Relationship

2. \_\_\_\_\_  
 Name Phone Number  
 \_\_\_\_\_  
 Relationship

I hereby give Anna Ranch Heritage Center authorization to use my name or picture on promotional materials and website? Yes No

## Emergency Contact Information

Volunteer Name: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

\*Alternate Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## Medical Information

By signing this emergency for, I, \_\_\_\_\_, hereby give authorization, to Anna Ranch Heritage Center to release my medical information.

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Medical Insurance

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

Allergies/Medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date