

KIHEI COMMUNITY KEIKI CLUB-“KCKC”
FURLOUGH FRIDAY VOLUNTEER REGISTRATION FORM

Volunteer _____
First _____
Last _____

Maiden Name: _____ SSN# _____

Date of Birth: _____ Sex: (circle) M F

Address: _____

Phone Hm: _____ Cell: _____

Email address: _____

EMERGENCY NUMBERS:

Emergency Contact: _____

Relationship to Volunteer: _____

MEDICAL INFORMATION:

Medical Insurance: _____
Company name

Doctor: _____
Name Phone #

Allergies or special medication: _____

Availability:

7:45am - 2:15pm _____ 11:00 am - 2:00 pm _____

8:00 am - 11:00 am _____ other: _____

KCKC Use Only:	
Background Check Performed:	_____
Phone Number(s) Confirmed:	_____