



Volunteer Application

What does the spirit of ALOHA mean to you? _____

Note: The purpose of the Aloha Beach Festival is to promote the 'Aloha Spirit' and we look for that trait in all our volunteers.

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____

State: _____ Zip Code: _____ DL#: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Using the numbers below, please rate your level of experience in the following areas:

(1) Beginner (2) Basic Skills/Knowledge (3) Intermediate Skills (4) Expert

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Surfing | <input type="checkbox"/> Surf Contests | <input type="checkbox"/> Surfing History | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Frisbee | <input type="checkbox"/> First Aid Training |
| <input type="checkbox"/> Oceanography | <input type="checkbox"/> Tide pools | <input type="checkbox"/> Fish | <input type="checkbox"/> Ocean Mammals |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Astronomy | <input type="checkbox"/> Birds | <input type="checkbox"/> Estuaries |
| <input type="checkbox"/> Local History | <input type="checkbox"/> Local Geology | <input type="checkbox"/> Local Environmental Organizations | |
| <input type="checkbox"/> Chumash History | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Music | <input type="checkbox"/> Local Musicians |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Mediation | <input type="checkbox"/> Listening Skills | <input type="checkbox"/> Memory Skills |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Hard Work/Long Hours/No Pay | <input type="checkbox"/> Other Language | _____ |

Previous Volunteer Experience: _____

References: Please include name, address and phone number.

1. _____
2. _____
3. _____

Authorization for Criminal Records Check:

I, _____ authorize the ABF to receive information from any law enforcement agency from any state or federal government related to any criminal violations I may have had. I do not authorize ABF to disseminate this information in any way to any individual, group, agency, organization or corporation.

Initials _____

I understand that this application is for a volunteer position; I also agree to act in the best interest of ABF participants' safety, the environment around me and my own health and safety.

Signed: _____ Date: _____