



Volunteer Name: _____ Phone: _____

Email: _____

Child's Name: _____ Grade: _____ Room: _____

Child's Name: _____ Grade: _____ Room: _____

Child's Name: _____ Grade: _____ Room: _____

Best time to contact me:

Day _____ Time _____ Evening _____ Time _____

I am interested in volunteering: (check all that apply)

- Special Events Helping Hands Basket (Laminate, Xerox)
 Book Fairs Flu Shots Classroom volunteer
 Picture Taking Reading to students PTO events Other

****According to Hawaii Administrative Rules, if you anticipate volunteering at Mauka Lani Elementary for more than 15 days (does not have to be consecutive days), you will be required to provide a certificate of TB test and clearance to be kept on file prior to volunteering at our school**

There is no expiration date for TB clearance for school volunteers once the clearance is obtained. Testing is available at no cost at the nearest location below.

Leeward Oahu PHN ,Phone: 675-0080, Waipahu Civic Center

94-275 Mokuola Street, Rm. 101 Waipahu, HI 96797

Test Given: Monday 2:00pm – 4:00pm Test Read: Wednesday 2:00pm – 4:00pm

Noted by: _____

FOR ADMINISTRATIVE PURPOSES ONLY:

TB clearance obtained: _____ Date completed: _____

Verified TB clearance: _____