Aloha:

You are invited to join Abilities Unlimited as a volunteer at this year’s “The Flavors of Honolulu” event, Friday, June 29, Saturday, June 30, and Sunday, July 1, 2007. There’s no better way to experience the entire “The Flavors of Honolulu” event than to participate as a volunteer. All volunteers will receive event-T-Shirts.

Not only do volunteers get the best taste of The Flavors of Honolulu, but they also have the satisfaction of knowing that they’ve made thousands of people happy by providing the best possible event, and their efforts help support Abilities Unlimited’s mission to assist people with disabilities in Hawaii to realize their full potential.

There is an opportunity that’s just right for you – just look at the volunteer positions that are available on the enclosed volunteer registration form and take your pick!

This year “Flavors of Honolulu” is being produced by Abilities Unlimited, Hawaii’s premier provider of employment and independent-living services for individuals with disabilities. As a local organization, 100 percent of funds raise by “Flavors of Honolulu” will remain right here in Hawaii to help individuals with disabilities. Your volunteerism at “Flavors of Honolulu” will improve the quality of life for your ohana, friends and neighbors with disabilities.

Don’t let your talents go to waste the weekend of Friday, June 29, Saturday, June 30 and Sunday, July 1! Help make The Flavors of Honolulu a huge success, help support individuals with disabilities, and experience the whole event from the inside by volunteering! Call 532-2115 for more information, and fill out and return the enclosed volunteer registration form today.

Aloha,

Abilities Unlimited
*The Flavors of Honolulu, 2007*
VOLUNTEER REGISTRATION

(Each individual volunteer MUST complete this form)
Due to liability, safety concerns & liquor regulations:
Volunteers must be at least 14 years of age.
Children are not allowed to accompany volunteers during shifts.

PLEASE PRINT CLEARLY!

NAME________________________________________________________
GROUP LEADER (if applicable) ______________________________
COMPANY/GROUP NAME_________________________________________________________________
# IN GROUP __________________
ADDRESS_____________________________________________________________________________________________________________
CITY AND ZIP CODE__________________________________________ #YEARS VOLUNTEERING IN PAST EVENT___________________
WORK PHONE __________________________   HOME PHONE _________________________   CELL PHONE __________________________
T-SHIRT SIZE (check one – available in adult sizes only)      _____ Small   _____ Med   _____ Large   _____ XL   ____ XXL   _____ XXXL
I AM 21 OR OLDER:    _____ Yes    _____ No  I CAN LIFT 20 lbs:    _____ Yes    _____ No

Please select the shift that you prefer. Shifts are limited and filled on a FIRST COME, FIRST SERVE basis. You will be given a volunteer t-shirt at check-in that you will be required to wear throughout your shift. STANDING MAY BE REQUIRED THROUGHOUT THE SHIFT.

FRI, JUNE 29 (Event Hrs: 5:00 PM – 10 PM)
___ SHIFT 1               4:30 PM  –  10:00 PM
AREA YOU WORKED LAST YEAR:_________________________________________
AREA PREFERENCE:    ___ADMISSIONS ___RESTAURANT
SAT., JUNE 30 (Event Hrs: 12 PM – 10 PM)
___ SHIFT 2               11:30 AM – 5:00 PM
___ SHIFT 3               4:30 PM – 10:00 PM
___ WINE   ___BEVERAGE ___ICE
___ SHIFT 4               11:30 AM – 4:00 PM
___ SUPPLY  ___SECURITY ___PARKING
___ CLEAN UP
SUN, JULY 1    (Event Hrs: 12 PM  – 6 PM)
___ SHIFT 4               11:30 AM – 4:00 PM
___ SHIFT 5                   2:30 PM – 6:00 PM

COMMENTS:___________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

WHILE WE DO OUR BEST TO ACCOMMODATE EVERYONE, WE RESERVE THE RIGHT TO ASSIGN YOU TO THE AREAS WHERE OUR NEEDS ARE THE GREATEST. PLEASE ALSO UNDERSTAND THAT GROUPS MAY HAVE TO BE DIVIDED INTO SMALLER GROUPS TO ASSIGN HELP WHERE NEEDED. WE THANK YOU FOR YOUR UNDERSTANDING.

WAIVER: I hereby for heirs, my executors, administrator, and myself waive all rights and claims for damages I may have against THE FLAVORS OF HONOLULU, Abilities Unlimited, their staff, sponsors, vendors, contractors, the City & County of Honolulu and the State of Hawai‘i. I grant full permission for organizers to use photographs and quotations from me without compensation in legitimate accounts and promotions of this event.

__________________________________________________________________  _______________________________________
(Signature)                                                         (Date)
If volunteer is 18 or younger, parent or guardian signature required below:_____________________________________________________________ Relationship to volunteer: ________________________________

Please return this form to Abilities Unlimited, 414 Kuwili Street, Suite 103, Honolulu, HI 96817 or fax to 532-2108. If you have questions, please call Abilities Unlimited at 532-2115.

DEADLINE JUNE 9, 2007