

Paepae o He`eia presents our:
Kū Hou Kuapā Internship
Participant Application Form

Attention Applicant: You are required to submit a completed application form including contact information for three character references. It is preferred that answers be typed, but handwritten applications in ink will be accepted. Responses to essay questions may be attached on a separate sheet of paper. Submit this completed application to:

Paepae o He`eia
ATTN: Kū Hou Kuapā Internship
P.O. Box 6355
Kane`ohe, HI 96744

OR

VIA FAX: (808) 234-1999

OR

VIA EMAIL: admin@paepaeoheeia.org

You will be contacted via email when your application is received.

**APPLICATIONS MUST BE POSTMARKED BY
August 18, 2017!!!**

Before completing this application please understand that if selected you will be required to work 19 hours a week beginning September 5, 2017 and ending on December 21, 2017. If your schedule does not permit for you to work 19 hours a week you will not be able to participate in this internship. You must be at least 17 years old to apply.

By signing below you are verifying that you are available to work during the time frame and hours specified above.

Signature

Date

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Name: _____

Mailing Address: _____

Email Address: _____

Street Address (if different): _____

Home Telephone: _____

Cellular Telephone: _____

College/ University: _____

Grade Level: _____

Age: _____

Date of Birth: _____

Short Answers

Please answer each of the following questions to the best of your ability. Answers should not exceed 3 paragraphs.

1. Why are you interested in participating in the *Kū Hou Kuapā Internship*?

2. What relevant experiences make you a strong candidate for this outdoor internship?

3. How do you plan on using your experiences gained through this internship to advance your education, career or personal life?

Background Questions:

1. Have you hiked before? Yes No

If yes, how would you rate your hiking ability on a scale of 1 (novice) – 5 (very experienced):

2. Do you swim? Yes No

If yes, how would you rate your swimming ability on a scale of 1 (novice) – 5 (very experienced):

References:

Please provide contact information for three character references.

1. Reference Name: _____
Job Title/Organization or Affiliation: _____
Contact Number: _____
E-mail: _____

2. Reference Name: _____
Job Title/Organization or Affiliation: _____
Contact Number: _____
E-mail: _____

3. Reference Name: _____
Job Title/Organization or Affiliation: _____
Contact Number: _____
E-mail: _____

I certify that all of the statements made in this application are true to the best of my knowledge.

Applicants Signature

Date

Parent or Legal Guardians Signature