

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](mailto:admin@paepaeoheeia.org)

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

**APPLICATIONS MUST BE POSTMARKED BY  
August 10, 2018!!!**

Before completing this application please understand that if selected you will be required to work 19 hours a week beginning September 4, 2018 and ending on December 21, 2018. 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