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 you application is received.

APPLICATIONS MUST BE POSTMARKED BY December 27, 2017!!!

Before completing this application please understand that if selected you will be required to work 19 hours a week beginning January 22, 2018 and ending on May 11, 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 ve	erifying that you are	e available to	work during	the time frame
and hours specified above.				
Signature	 Dar	te		

Paepae o He`eia presents:

Kū Hou Kuapā Internship

Participant Application Form

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 minternship?	nake you a stron	ng candidate for this outdoor	
3.	How do you plan on using you advance your education, care		gained through this internship to life?	
Backg	round Questions:			
If yes,	re you hiked before? how would you rate your hidenced):		_ No n a scale of 1 (novice) – 5 (very	
If yes,		_Yes vimming ability	No y on a scale of 1 (novice) – 5 (very	7

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