Paepae o He'eia presents: <u>He'eia Fishpond Summer Internship</u> 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: He'eia Fishpond Summer Internship P.O. Box 6355 Kāne'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/RECEIVED BY March 31, 2022!!!

Before completing this application please understand that if selected you will be required to work 30 hours a week beginning June 6, 2022 and ending on July 29, 2022. You must be between the ages of 17 and 24 years of age and available to work 30 hours a week to be considered.

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

Signature

Date

Paepae o He`eia presents: He'eia Fishpond Summer Internship

Participant Application Form

Name:	
Mailing Address:	
Street Address (if different):	
Email Address:	
Home Telephone:	
Cellular Telephone:	
High School/ College	
Attending:	
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 *He* 'eia Ahupua 'a Summer 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 (if under the age of 18)