

Paepae o He`eia and Papahana Kuaola present:
The He`eia Ahupua`a 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: He`eia Ahupua`a Internship
P.O. Box 6355
Kane`ohe, Hi 96744

OR

VIA FAX: (808) 234-1999

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

**APPLICATIONS MUST BE POSTMARKED BY
AUGUST 16, 2010!!!**

Before completing this application please understand that if selected you will be required to work from 8am-12pm on Monday, Tuesday, Thursday and Friday beginning September 13, 2010 and ending on December 10, 2010. If your schedule does not permit for you to work these 16 hours a week you will not be able to participate in this internship.

By signing below you are verifying that you are available to work during the time frame and daily 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 He`eia Ahupua`a 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