



Volunteer Program Application

The purpose of this application form is to help us determine whether your participation in Kalani's Volunteer Program would be of mutual benefit to you and to Kalani. We are seeking to establish an understanding of who you are, and to clarify your understanding of who we are. Please do your best to provide the requested information as it pertains to you. It is unnecessary to provide lengthy descriptions as we are seeking clear and concise information.

There is an application fee of \$50 and upon receipt of the application fee and the application; we will contact you for a phone interview. If you are accepted into our volunteer program, a \$250 non-refundable deposit will be due to hold your place in the program prior to your arrival. The entire balance of your tuition (non-refundable) is due upon your arrival at Kalani.

First Name: _____ **Last Name:** _____

Home phone: _____ **Mobile Phone:** _____

What time zone are you in? _____ **Email:** _____

Full Address including postal code and country:

Date of Birth: _____ **Sex:** _____ **Age:** _____

U.S. Citizen Resident Alien Other (Specify): _____

Please select one of the following program options:

	<u>Length of Time</u>	<u>Accommodations</u>	<u>Tuition</u>
___	1 month	camping	\$1,000
___	2 months	camping	\$1,200
___	2 months	lodging	\$1,600
___	3 months	camping	\$1,500
___	3 months	lodging	\$1,800

OFFICE USE ONLY

Application received: _____

Emailed: _____

Interview date: _____

Fee:

Volunteer dates: **1st Choice:** **From** _____ **To** _____

2nd Choice: **From** _____ **To** _____

Please select and prioritize the department where you would prefer to volunteer:
(1 = first choice, 2 = second choice, etc.)

Housekeeping: _____ Maintenance: _____ Horticulture: _____ Kitchen: _____

NOTE: Although preferences are considered when assigning departments, there is no guarantee that participants will be assigned to the department of their choice.

Please answer the following:

1. How did you hear about Kalani and our Volunteer Program?
2. All of the departments at Kalani require volunteers who are in good physical condition. Occasionally, you may be asked to lift objects of up to 50lbs. Please list any physical or psychological conditions which you have received treatment for in the past three years. Include here any physical limitations, allergies, addictive process for which you are in recovery, and any medications you are currently taking. Do you have any limitations which may make communal living difficult for you?
3. Do you have, or have you ever had, any significant mental health problems such as depression, anxiety, panic attacks, manic depression, schizophrenia, etc.? (If yes, please give details, symptoms, treatment, hospitalization, present condition) If yes, what support systems do you have in place? What self-care tools do you have?
4. What is your experience with group living situations? Why are you interested in this life-style?
5. Describe your previous work and volunteer experience in the following areas: housekeeping; cooking and food preparation for large groups; and general facilities maintenance. Also describe any skills you have in carpentry, plumbing, electrical experience, or other specialized skills.
6. Explain your work ethic. Tell us about your ability to give and receive direction, your punctuality and attendance, and your capacity to maintain interest in your responsibilities. How would you support Kalani's purpose to provide guests with quality service
7. Please share some insights about yourself. Where are you in your personal journey? What transitions will you make in order to come to Kalani?
8. KALANI is about nature, culture and wellness education in the spirit of Hawaiian aloha (love, compassion) and 'ohana (extended family). Please tell us some ways in which you embrace these life affirming qualities. What other qualities would you bring to the volunteer program?

9. What goals do you want to accomplish while being here at Kalani? (What do you hope to gain? Why does this type of experience appeal to you?)
10. What are 3 things you desire in your life to nourish your sense of well being? How might your participation in this program provide these things?

Please list three current work or volunteer references:

Company/Organization: Phone:
Your position: Email:
Supervisor:

Company/Organization: Phone:
Your position: Email:
Supervisor:

Company/Organization: Phone:
Your position: Email:
Supervisor:

To the best of my ability, I have truthfully provided the information requested in this application. Kalani has my permission to investigate and verify all of the statements contained in this application. I understand misrepresentation or omission of facts may be cause for dismissal.

Signed: _____ Date: _____

Complete the application and email, mail or fax it to us along with a \$50 non-refundable application fee (**This fee will be applied towards the program tuition**). Please make checks payable to "The Kalani Fund". To pay by credit card, please call our front desk at 1-800-800-6886.

Please attach a recent picture of yourself.

Email, mail or fax us at:
**Kalani Oceanside Retreat
Volunteer Office
RR2 Box 4500
Pahoa, HI 96778.**

Fax: 808-965-0527

**Email: volunteer@kalani.com
Phone: 808-965-0468 ext.117**