

Skilled Trade Volunteer Program Application



KALANI

The purpose of this application form is to determine whether your participation in **Kalani's Skilled Trade Volunteer Program** would be of mutual benefit. **The types of applicants we are seeking have professional backgrounds and formal training in construction/maintenance, reception/front desk, and culinary arts.** Please do your best to provide the requested information as it pertains to you. 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, your first month's tuition will be required as a deposit to hold your place in the program prior to your arrival. ***The application fee and deposit are non-refundable.***

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: _____ **Gender/Sex:** _____ **Age:** _____

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

Please select one of the following program options:

Length of Time

'''' '''''''''''''''' 2 months 3 months

Accommodation/Tuition

Camping \$350* Lodging \$450*

***Tuition is waived upon successful demonstration of the competencies of your trade during your first month. Your first month of your program is considered a trial period.**

If you do not successfully demonstrate the needed competency during your first month and wish to stay on as a volunteer, the tuition is:

\$1050 for 1 added month camping, and \$1350 for 1 added month lodging.

\$1300 for 2 added months camping and \$1500 for 2 added months lodging.

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

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

Colitis

Allergies

Brain/Head injuries

Irritable Bowel
Syndrome

Sciatica

Sleep Apnea

Chronic Fatigue

Physical Injuries

Other

Fibromyalgia

Back pain or injuries

Anorexia, Bulimia
and/or Binge Eating
Disorder

Chronic pain

Migraines/Headaches

If you have checked any of the boxes above please elaborate here:

Please list any medications you are currently taking here:

8. Please list any specific skills, training, or certifications you have that could be useful in an emergency or crisis situation (examples: CPR, first aid, first-responder, nurse, physician, paramedic, lifeguard, psychologist/therapist, trauma counselor, fire fighter, etc.) Are you ready and willing to use these skills if your help is needed?

9. Keeping with Kalani's mission as a wellness-based retreat center, we ask that participants minimize or forego their consumption of alcohol while participating in our volunteer program. Please describe your past and current usage of alcohol and drugs:

HEALTH: MENTAL/EMOTIONAL

Kalani is located in an isolated part of Hawaii's coastal jungle with limited access to emergency services. Communal living, especially so far off the grid, can sometimes trigger mental/emotional challenges for people. For this reason, it is important that we are aware of your past or current mental health challenges.

10. Please indicate if you have experienced any of the following in the last three years:

Depression

Panic attacks

Schizophrenia

Anxiety

Bipolar Depression

Post-Traumatic Stress

Suicidal thoughts
or feelings

Addiction to drugs
(recreational and/or
prescription)

Other

Addiction to alcohol

Social Anxiety

11. If you marked Yes to any boxes above, please elaborate below with details, symptoms, treatment, hospitalization, and present condition.

12. What support systems do you have in place? What self-care tools do you have?

WORK/VOLUNTEER SERVICE

Kalani is looking for service-oriented volunteers who are willing to be flexible about their departmental assignment and are open to contributing aloha and service where the community most needs it. Please elaborate below about your related work experience and work ethic.

13. Describe your previous work and volunteer experience in the following areas: housekeeping; cooking and food preparation for large groups; general facilities maintenance; and horticulture. Also describe any skills you have in carpentry, construction, plumbing, electrical, IT, or other specialized skills.

14. 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.

Please list three current work or volunteer references:

Company/Organization:
Your position:
Supervisor:

Phone:
Email:

Company/Organization:
Your position:
Supervisor:

Phone:
Email:

Company/Organization:
Your position:
Supervisor:

Phone:
Email:

By signing my name here (if submitting paper copy via mail or fax), or by typing my name here (if submitting via the online application system), I swear that 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: _____

****Submit your completed application at www.kalani.com/volunteer/application-process***

where you can also pay your \$50 non-refundable application processing fee. (This fee will be applied towards the program tuition). *We prefer online applications.* If you cannot apply online, you may mail or fax the application and pay your fee online, or you may mail a check for the processing fee. Please make checks payable to “The Kalani Honua”.

****Please include a recent, close-up headshot of yourself.****

It’s easy – upload your photo when you submit your application online! If you mail your application, you may attach your photo or email us a jpeg file.

****Please also submit a resume via email to volunteer@kalani.com ****

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