



KALANI

# 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 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, 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:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **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>
___ 2 months	camping	\$1,400
___ 2 months	lodging	\$1,800
___ 3 months	camping	\$1,650
___ 3 months	lodging	\$1,950

**Available Dates:**    **1st Choice:**    **From** \_\_\_\_\_ **To** \_\_\_\_\_

**2nd Choice:**    **From** \_\_\_\_\_ **To** \_\_\_\_\_

## Volunteer Department

Please select the department where you are most interested in volunteering (1 = most interested, 2 = next most interesting choice, etc.) **NOTE: Although preferences are considered when assigning departments, there is no guarantee that participants will be assigned to their preferred department.**

Kitchen: \_\_\_\_\_ Housekeeping: \_\_\_\_\_ Maintenance: \_\_\_\_\_ Horticulture: \_\_\_\_\_

## **KALANI & COMMUNITY**

**Kalani is more than a retreat center; we are also a thriving and vibrant community of people living, working and playing together. Please answer the questions below to help us understand more about you and why you'd like to join us.**

1. How did you hear about Kalani and our Volunteer Program? Please list specific websites, search engines, or people, if applicable.
2. Please share some insights about yourself. Where are you in your personal journey? What transitions will you make in order to come to Kalani?
3. What goals do you want to accomplish during your time at Kalani? What do you hope to learn and experience while you are here?
4. 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.
5. What are 3 ways you would like to contribute to our community?
6. What is your experience with group living situations? Why are you interested in this lifestyle? Do you have any limitations which may make communal living difficult for you?

## **HEALTH: PHYSICAL**

**Kalani's rigorous volunteer program and the tropical environment require volunteers who are in good physical condition. Because we live in a remote area of Hawaii with limited access to emergency services, it is important that we are aware of your past or current health conditions. Note: You may occasionally be asked to lift objects of up to 50lbs.**

7. Please identify any physical conditions which you have received treatment for in the past three years:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Fibromyalgia                                   |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Colitis                  | <input type="checkbox"/> Anorexia, Bulimia and/or Binge Eating Disorder |
| <input type="checkbox"/> Heart conditions    | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Allergies                                      |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Chronic Fatigue          | <input type="checkbox"/> Sciatica                                       |
| <input type="checkbox"/> High Blood Pressure |   |   |

Physical Injuries

Migraines/Headaches

Other

---

Back pain or injuries

Brain/Head injuries

Chronic pain

Sleep Apnea

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

Schizophrenia

Addiction to drugs  
(recreational and/or  
prescription)

Anxiety

Post-Traumatic Stress

Panic attacks

Suicidal thoughts or  
feelings

Social Anxiety

Bipolar Depression

Addiction to alcohol

Other

---

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. References are required in order to process your application:

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

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

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

*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](http://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 “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.

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](mailto:volunteer@kalani.com)**  
**Phone: 808-965-0468 ext.117**