

Hawai'i Green Collar Institute Spring 2016 Application



Mahalo for applying to the Hawai'i Green Collar Institute (HGCI). If you are not completing this on a computer, please type or print legibly in black ink. Answer all questions as best you can and feel free to attach pages. Return this application form to chelsey@malamalearningcenter.org. Or you may print and mail this form to PO Box 75467, Kapolei, HI 96707.

All materials are due (postmarked if mailed) by **February 19, 2016**.

First Name:		Last Name:		
Address:				
City:		State:		
Phone:		Email:		
Date of Birth:				
High School Attending:				
Current year: (circle)		Sophomore	Junior	Senior
T-Shirt Size: (circle)	S	M	L	XL

1. Tell us a little about where you live. Describe the community you live in and how you feel about it.

2. If you could improve one environmental condition having to do with the ocean, what would it be? Why?

3. What "green" or aloha 'āina activities have you already participated in? Please describe what you did and how you felt about it.

4. Why do you want to participate in HGCI? What do you want to get out of it?

5. This program will require various forms of physical participation (sun exposure, dust, pollen, walking along coastline, getting dirty, etc.). Do you have any health or other conditions that would need to be accommodated? Yes ____ No ____

If yes, please list any accommodations you would need:

6. Do you have any plans that would interfere with your full participation in the program, which will be conducted on: **March 17-19 & 21-22, 2016 from 8 am to 3 pm; Overnight camp on 3/17/16?** Yes ____ No ____

If yes, please explain.

7. Please provide the names and contact information of at least one **reference**, an adult who knows you quite well (a non-relative).

Name: _____

Profession: _____

Phone Number: _____ Email Address: _____

Name: _____

Profession: _____

Phone Number: _____ Email Address: _____

All applicants: (if turning in through email please type name and date below)

I have read the enclosed material about HGCI and I am applying to be a participant. I certify that all of the statements made in this application are true to the best of my knowledge.

Applicant's signature _____ date _____

For applicants under 18 years of age: mother ___ father ___ guardian ___

Parent's or guardian's name (print) _____

Parent's or guardian's signature _____ date _____



Mālama
Learning
Center