



## Application for Kai Makana Aotearoa Mentorship Program

Date: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Name you would like to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's telephone number: \_\_\_\_\_

School attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Grade point average: \_\_\_\_\_

T-shirt size (adult):  XS  S  M  L  XL  XXL

Please list in order from best to least, which day of the week would be best to have after school class?

Monday

Tuesday

Wednesday

Thursday

Friday

Are there any weekend date on which you **would not** be able to attend a Kai Makana retreat or community project? If so, please list those dates.

What is your ethnicity?

Where is your family from?

How long have you lived in your community?

Do you know any historical significance about your community? If so, please share with us in the space provided:

What are your interests/hobbies?

Do you play sports? If so, please list those sports and any teams that you are a member of.

Are you involved in any organizations? If so, please list the names of the organizations and what their purpose is and how you are involved.

Have you participated in any community projects? If so, please explain the projects and if you recall, where they were located.

Do you play any musical instruments? If so, please list below.

Do you know any languages other than English? If so, please list below.

Do you have any knowledge and interest in videography, photography, or web design? If so, please list below.

What is your knowledge of:

	None	Fair	Good
Water Quality Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
`Ukulele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poi making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kapa making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limu planting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stream Restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ho`oponopono	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoe paddling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawaiian Mele	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ahupua`a System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you feel are your greatest strengths?

What do you feel are the areas you would like to improve upon?

What are your favorite subjects in school? Why?

What are your least favorite? Why?

Have you ever traveled outside of Hawai`i? If so, where and when?

If you could do one thing for your community right now, what would it be?

We of Kai Makana, appreciate the time you have taken to complete this application. We look forward to meeting you in April of 2002.

Please mail completed application before **April 1, 2001** to: Kai Makana  
PO Box 22719  
Honolulu, HI 96823