



HUI KĀPEHE PROGRAM



PAID COLLEGE INTERNSHIP OPPORTUNITY THROUGH UH MAUI COLLEGE

The Kaho'olawe Island Reserve Commission (KIRC) **HUI KĀPEHE** Program in partnership with UH Maui College (UHMC) is a Native Hawaiian Career and Technical Education Project sponsored by ALU LIKE, Inc. and funded through a grant from the U.S. Department of Education. The program offers diverse trainings in five areas to assist program participants in building their skill sets and opening up a broader range of possibilities in the job market.

HOW TO APPLY

1. **COMPLETE** the attached Hui Kāpehe Program Application
All sections of the application must be completed for your application to be considered.
2. **SUBMIT** the following required documents:
 - Proof of Native Hawaiian Ancestry (Birth Certificate, OHA card, or Hawaiian Ancestry Verification letter)○
Copy of Hawaii Driver's License or State ID
 - Unofficial College Transcript with Current Class Schedule (if an UH college student)
 - Resume if you have one, we will assist in helping you create one by the end of your program
3. **TURN IN** application and required documents:
 - In Person at KIRC office: 811 Kolu St. Suite 201, Wailuku, HI 96793
 - By Mail to KIRC - Hui Kāpehe, 811 Kolu St. Suite 201, Wailuku, HI 96793
 - By Email to cnoneza@kirc.hawaii.gov, enter "**Hui Kāpehe Application**" in the subject line.
All documents must be scanned and sent in pdf format.

You will be notified (via email) of your status after your application and required documents have been reviewed.

LEARN MORE:

READ UP on details & apply at <http://kahoolawe.hawaii.gov/opportunities.shtml>
EMAIL US at cnoneza@kirc.hawaii.gov
CALL US at (808) 243-5025 (KIRC)
FOLLOW US at <https://www.facebook.com/KircMaui/>





HUI KĀPEHE PROGRAM 2017-2018

HOW TO SUCCESSFULLY COMPLETE THE PROGRAM

- 1. CERTIFICATION** : Attend and complete ONE certification course
- 2. CULTURAL WORKSHOP**: Attend at least ONE Cultural Workshop. For outer island students, we will pay for the registration fee for approved workshops on your island. There will be a at least workshop during the summer training camp weeks on Maui and there is also the , 'Aimalama Mauliauhonua Conference on Maui
- 3. KAHO'OLAWE ACCESS** : Participate in one of the following Kaho'olawe Accesses: July 13-16 or August 3-6, 2018

CERTIFICATION – Choose from the following

- KIRC DRONE CERTIFICATION TRAINING (two week course): June 18-22 and July 23-27
- PADI Open Water Diver: June 18-22nd
- PADI Open Water Diver July 23-27th
- First Aid/CPR Training : June 8 or July 23rd for Maui interns. We could also sponsor First AID/CPR classes held on O'ahu)
- Boater's Education Training (online). Note: Maui students must attend Zodiac training with one of our Boat Captains and at a minimum volunteer as a deck hand on two boat runs. Windward had a boating program on O'ahu we could also sponsor that registration fee as well.

CULTURAL WORKSHOP

- Fri., July 27th, 9AM – 1PM, Kalo Workshop with Namea Hoshino (Nature Center) - If attending summer training camp on Maui
- August 9-11, 'Aimalama Mauliauhonua Conference on Maui.

The KIRC will pay for your registration fees, airfare, lodging and provide transportation to the UH Maui College Campus. For more information visits <http://www.aimalama.org/conference/#toggle-id-1>

KAHO'OLAWE ACCESS: July 13-16 or August 3-6, 2018

FOR MORE INFORMATION

Contact Carmela Noneza, KIRC Hui Kāpehe Project Coordinator

Phone: (808) 243-5025 | Email: cnoneza@kirc.hawaii.gov



HUI KĀPEHE PROGRAM APPLICATION 2017-2018

FOR STAFF USE ONLY

Status: Accepted Denied
 Intake Date: _____
 Staff Initials: _____

Mahalo for your interest in Hui Kāpehe, the Kahoʻolawe Island Reserve Commission’s (KIRC) **Internship Program** in partnership with the University of Hawaii Maui College (UHMC). Please complete the program application and submit required documents to the Internship Coordinator. You will be notified (via email) of your status after your application and required documents have been reviewed.

Section I. CONTACT INFORMATION

Name: <small>Last</small>		<small>First</small>		<small>Middle Initial</small>	<small>Preferred Name</small>
Mailing Address: <small>Street/P.O. Box</small>			<small>Apartment/Unit#</small>		
<small>City</small>		<small>State</small>		<small>Zip code</small>	
Phone: <small>Primary</small>			When is the best time to call you?		
Number: <small>Alternate</small>			<input type="checkbox"/> 8am – 12pm <input type="checkbox"/> 12pm – 4pm <input type="checkbox"/> After 4pm		
Email: <small>Primary</small>			<small>Alternate</small>		

Section II. PERSONAL INFORMATION

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Are you Hawaiian/Part-Hawaiian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:
Are you a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently residing in subsidized or emergency/transitional housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently receiving Food Stamps or TANF benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been previously incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section III. EDUCATION INFORMATION

Name of College:	<small>City</small>	<small>State</small>	<small>Zip code</small>
What is your current declared major ?			
What certificate(s) and/or degree are you pursuing?			
Expected Graduation Date (<i>semester/year</i>):		Current GPA:	
Are you currently receiving Federal Financial Aid in the form of a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No, I did not qualify			
Are you the first in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, I did not apply			
High School attended:	<small>City</small>	<small>State</small>	<small>Zip code</small>
Highest grade completed: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		What did you receive? <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> None	

Section IV. EMPLOYMENT INFORMATION

Current Employment: <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Unemployed (Looking for a job) <input type="checkbox"/> Self-Employed	
Employment: <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Unemployed (Not looking for a job) <input type="checkbox"/> Other:	
If employed, name of employer:	Job Title:

Please ensure that all sections of the program application have been completed and that all required documents have been submitted. I certify that the information provided is true and complete to the best of my knowledge.

Applicant Signature

Parent/Legal Guardian Signature if applicable

Date



Date Received: _____

Staff Initials: _____

HUI KĀPEHE ACADEMIC & PROGRAM AGREEMENT

I _____ agree to actively participate in the Kaho’olawe Island Reserve Commission - Hui Kāpehe Program. As an intern, I understand that I must stay on track with my academics and that program staff must monitor my academic status. I am responsible for meeting all program requirements according to the guidelines specified. If I am unable to meet these requirements, I understand that I will no longer be able to participate in the Hui Kāpehe Program. I understand that these specified guidelines are subject to change at the discretion of the program staff.

PROGRAM REQUIREMENTS

I _____ am required to complete **225 hours of program relevant training** and a **100 hour paid internship**. UH college students will be credited 225 training hours for one (1) approved Career and Technical Education (CTE) course. The CTE course must be passed with a “C” or better and approved by a Hui Kāpehe Internship Coordinator. UH college students utilizing one (1) of their CTE course towards their 225 hours must obtain at minimum one certification throughout the program. High School Students and adults 18 years and older not attending college will be credited 225 training hours for successfully completing one of the major certification courses offered through the KIRC. I will complete my 100 internship hours within the Kaho’olawe Island Reserve Commission’s (KIRC) five (5) core areas: Health & Safety, Marine Resource Management, Land Resource Management, Cultural Education, and Information Management System or as approved by the Internship Coordinator. This includes community work days and events, lecture talks, Career Readiness workshops and other events that may be emailed to by the Internship Coordinator.

In addition to completing my training and internship hours, I must also:

- Maintain regular contact with the Hui Kāpehe Internship Coordinator and program staff.
- Return phone calls, emails and/or text messages in a timely manner.
- Notify the Hui Kāpehe Internship Coordinator of address and/or phone number changes.
- Notify the Hui Kāpehe Internship Coordinator if no longer able to actively participate in the program.
- Consult with the Hui Kāpehe Internship Coordinator before dropping or withdrawing from any courses and/or changing student status or withdrawing from school activities.
- Submit a program time sheet at the end of every month to the Hui Kāpehe Internship Coordinator.

Intern Signature

Date

Staff Signature

Date



ALU LIKE, Inc.

Release Form FAQ's

What are release forms?

Releases give ALU LIKE, Inc. permission to use a person's likeness in photos, videos, CD-ROMs, websites, interviews, and all other media. These forms document that the person or people in these types of media have consented to allowing ALU LIKE, Inc. to use them in materials we produce.

Why are releases necessary?

All states have laws protecting the privacy of individuals. These laws say that no one has the right to use another person's picture or voice for commercial (promotional, advertising, endorsing) purposes without permission. The only exceptions are when the picture or voice contributes legitimately to the prompt reporting of a news story, when people have placed themselves in the "public light" where there is no expectation of privacy (athletic events, public gatherings, concerts, etc.), or when they are indistinguishable in a large crowd. Images used for instructional projects don't require release forms as long as the photos are not later used for promotion or advertising on behalf of the organization. These privacy laws extend to certain other areas, as well. We need to get permission when photographing someone's house, business, pets, furnishing or any trademarked or copyrighted items in the picture. These may include logos, products, books, materials, CDs posters, etc.

Who makes sure the release is signed?

The project coordinator has the primary responsibility of securing signed release forms from participants. Additionally, the project coordinator may delegate the photographer, person directing the "photo shoot", or person doing the recording as responsible for getting completed forms. All release forms should be collected and kept with the project by the project coordinator for future reference.

Who owns the image?

The photographer or recorder, the organization (ALU LIKE, Inc.) employing the photographer or recorder owns the photo, negative, computer image, recording and/or all media of kind.

What about people under the age of 18?

Individuals under the age of 18 need the signature of a parent or guardian. Parents or guardians need to sign the release form.

Multiple Media Release Form

I give my consent allowing ALU LIKE, Inc. the use of my likeness in media such as interviews, voice recordings, video, photographs etc. for use including but not limited to print, education, advertising, research, websites, non-theatrical, home video, public relations, news articles, telecasts and any other electronic medium presently in existence or invented in the future for the life of ALU LIKE and its programs.

I further release ALU LIKE, Inc., their officers, employees, and each and all persons involved from any liability connected with the acquisition of said media.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, or other publication irrespective of whether a fee for admission or rental is charged. I also waive any rights to inspect or approve said media, person or entity designated by it. I release and discharge ALU LIKE, Inc. and/or its affiliate(s) from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise that may occur or be produced in the taking of the pictures, or in any processing toward the completion of the finished product. All negatives and positives, whether prints, video, film, or sound recording are the property of ALU LIKE, Inc. or the person or entity designated by it, solely and completely.

I declare that I am eighteen (18) years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have voluntarily signed this document.

I have fully informed myself of this consent, waiver of liability, and release before signing it.

Subject's Printed Name: _____	
Address: _____	Phone: _____

Signature: _____	Date: _____
If under 18, the parent or legal guardian, if any, must sign.	
Parent/Guardian Printed Name: _____	
Address: _____	Phone: _____
Signature: _____	
Witness Signature: _____	
Witness Printed Name: _____	

Kaho'olawe Island Reserve Commission



811 Kolu Street, Suite 201 Wailuku, HI 96793 • Ph. (808) 243-5020 • Fx. (808) 243-5885 • kahoolawe.hawaii.gov

Volunteer Service Agreement PLEASE READ CAREFULLY

The Kaho'olawe Island Reserve Commission (KIRC) is dedicated to the restoration and protection of Kaho'olawe's cultural, historical, archeological, and environmental resources. The KIRC recognizes the importance of volunteers in the success of these efforts. We want to ensure a safe and positive work environment for the volunteers and in doing so, it is important that each individual understand the KIRC's policies and expectations for volunteer service.

Program Benefits

1. You will be afforded a chance to work alongside a team of resource managers and specialists.
2. Gain hands-on experience that will help you better understand Hawai'i's natural and cultural resource needs and challenges.
3. You will have an opportunity to learn about the history and culture of a unique place Hawaiians consider to be a place of refuge and very sacred.

KIRC agrees to the following:

- Offer a volunteer orientation and on-the-job training including safety briefings and proper use of equipment.
- Assign a staff supervisor to the volunteer group for guidance and consultation.
- Regularly evaluate volunteer performance.

As a KIRC volunteer I agree to:

- Abide by the rules and policies of DLNR, KIRC, and all applicable Federal, State, and County laws.
- Abide by all dress codes and supply/gear requirements as applicable.
- Perform service work as needed at my assigned placement site.
- Report to the designated meeting location(s) on time, if applicable.
- Refrain from possessing or consuming alcohol.
- Provide timely notification of inability to participate in the volunteer program.
- Keep survey/monitoring sheets or activity logs where requested.
- Return all administrative paperwork by required deadlines.
- Treat all volunteers, KIRC employees, contract personnel, and others with whom we work, with respect.
- Act safely and responsibly and not abuse the position of KIRC volunteer.

I have read and fully understand the expectations and responsibilities of this agreement to serve as a KIRC volunteer as stated above. I also understand that the failure to abide by this agreement may result in my or my child's dismissal or removal from the island at my expense.

YES **NO** I hereby grant KIRC my permission to photograph or videotape my or my child's participation as a volunteer and to use those images in any education or outreach activity (i.e. brochures, videos, displays, social media postings, etc.)

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NAME (please print)

Group Name (if applicable)

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SIGNATURE

DATE

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Kaho'olawe Island Reserve Commission



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**Release of Liability
PLEASE READ CAREFULLY**

I have requested the Kaho'olawe Island Reserve Commission to allow me, or my child (to hereinafter include ward), to enter the Kaho'olawe Island Reserve (Reserve). I agree and acknowledge that my or my child's SAFETY IS at risk and that I accept full RESPONSIBILITY. I further acknowledge that my child or I have been instructed to follow all safety instructions both written and verbal. I fully understand, and by my signature acknowledge that:

(1) I understand that the Reserve was used from 1941 to 1990 as a live ordnance military training complex; that the ISLAND AND ITS SURROUNDING WATERS ARE DANGEROUS AND UNSAFE due to the presence of surface and subsurface UNEXPLODED ORDNANCE; that there may be hazardous conditions and ordnance on and under the surface of the Reserve; and that unexploded ordnance may explode near me or my child which COULD CAUSE INJURY OR DEATH.

(2) I understand that transportation to and from the Reserve are by ocean going craft or helicopter. I understand that travel on Maui is by vehicle. I understand that hazardous or mechanical conditions may occur during transport, which COULD CAUSE INJURY OR DEATH or property damage to me or my child.

(3) I understand that NO MEDICAL FACILITIES EXIST in the Reserve. In the event of a serious or life threatening injury, I understand that a medivac helicopter will be contacted to transport me or my child to an emergency care facility, subject to the availability of the medivac helicopter, at my own expense. I further understand that weather conditions or darkness may prohibit or prevent rescue operations which COULD CAUSE INJURY OR DEATH to me or my child.

(4) I understand that the roads and trails on Kaho'olawe are extremely rough and rugged; that the transporting vehicles used are old, have exposed metal surfaces, do not include typical vehicle safety features, and could break down a distance from airlift support. I understand that riding in these vehicles COULD CAUSE INJURY OR DEATH or property damage to me or my child, and if the vehicle breaks down, me or my child, may be required to walk a significant distance for support.

(5) I understand that the buildings, boardwalks, and pathways in the Reserve contain exposed metal surfaces, have rough and uneven surfaces, and do not include typical safety features. I understand that the use of these facilities COULD CAUSE INJURY OR DEATH or property damage to me or my child.

(6) I understand that recreational swimming may take place at the beach areas in the Reserve; that certified life guards are not present; and that swimming is at the swimmer's risk. I further understand the risks presented by the currents, surf, and shoreline conditions; that unexploded ordnance may be present; and that sharks or other natural dangers may be present. I understand that these swimming activities COULD CAUSE INJURY OR DEATH to me or my child.

I voluntarily ASSUME THE RISK OF INJURY OR LOSS, for myself or my child and for myself or my child's property created by any conditions indicated in paragraphs (1) through (6) above or any unforeseeable conditions. With full knowledge of the hazards, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawai'i and their officers, agents, and employees, for death or injury to me or my child or for damage to my or my child's property resulting from the hazardous conditions previously listed, or any unforeseeable conditions.

In consideration of the access which I have requested, I, for myself, my heirs, beneficiaries, executors, and administrators; and for my child's heirs, beneficiaries, executors, and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE the State of Hawai'i, and their officers, agents and employees, acting in their official capacity with due diligence, from any and all claim(s), demand(s), or cause(s) of action on account of my or my child's injury or death or on account of any damage to my or my child's property which may occur from my or my child's negligence, the hazardous conditions previously listed, or any unforeseeable conditions, during the access to the Reserve or incident thereto.

I have read and fully understand the KIRC Release of Liability

SIGNATURE	PRINT NAME	DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN	PRINT NAME OF PARENT/LEGAL GUARDIAN	DATE

Kaho'olawe Island Reserve Commission



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Emergency Information Form

TODAY'S DATE

Form expires every 12 months

FIRST NAME

LAST NAME

NICKNAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
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MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PRIMARY TELEPHONE

SECONDARY TELEPHONE

T-SHIRT SIZE (ADULT SIZES ONLY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AGE (REQUIRED)

WEIGHT (LBS) (REQUIRED)

BIRTHDATE (MM/DD/YYYY)

GENDER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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PLEASE LIST ANY MEDICAL, PHYSICAL, OR MENTAL LIMITATIONS (INCLUDING PHYSICAL RESTRICTIONS, MEDICAL CONDITIONS, ALLERGIES, AND ANY PRESCRIPTION MEDICATIONS YOU ARE CURRENTLY TAKING)

DIETARY/FOOD RESTRICTIONS/REQUESTS

<input type="checkbox"/> VEGETARIAN	<input type="checkbox"/> VEGAN	<input type="checkbox"/> FOOD ALLERGY	PLEASE SPECIFY FOOD ALLERGY:	<input type="text"/>
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<input type="checkbox"/> OTHER DIETARY RESTRICTION OR REQUESTS	PLEASE SPECIFY OTHER DIETARY RESTRICTIONS OR REQUESTS:	<input type="text"/>
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EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I AM TRAINED IN:

<input type="checkbox"/> WATER RESCUE	<input type="checkbox"/> CPR	<input type="checkbox"/> FIRST AID	OTHER:	<input type="text"/>
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MEDICAL AUTHORIZATION:

I hereby authorize the KIRC personnel to render medical care to me in the event of an emergency. I further give my consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life-saving care. This authorization shall be in effect as long as I am an actively participating KIRC volunteer on a KIRC approved access. Additionally, I understand that I am fully responsible for all medical costs that might be incurred.

SIGNATURE

DATE

<input type="text"/>	<input type="text"/>
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UNDER 18 YEARS OF AGE ONLY

PARENT OR LEGAL GUARDIAN NAME

PLEASE READ THE FOLLOWING STATEMENTS VERY CAREFULLY AND SELECT FROM THE OPTIONS BY PLACING A CHECK MARK IN THE CORRESPONDING BOX:

- My minor child will have no prescription medication with him/her and will not receive any prescription medication without a physician's order while he/she is on Kaho'olawe
- My child will bring prescription medication to Kaho'olawe, and he/she will advise authorized KIRC personnel and his/her chaperone of the nature and reason(s) for the medication
- My child's chaperone may administer non-prescription medications, or their equivalents, according to package instructions to my minor child if he/she complains of the symptoms for which the medication is intended.
- I expect to be contacted before my child's chaperone administers any, including non-prescription, over-the-counter, medications to my child.

MEDICAL AUTHORIZATION:

I hereby authorize the KIRC personnel to render medical care to my child in the event of an emergency. I further give consent for the physicians on the active staff of the nearest (or the most appropriate) hospital to perform any emergency life saving care. This authorization shall be in effect as long as my child is an actively participating KIRC volunteer on a KIRC approved access. Additionally, I understand that I am fully responsible for all medical costs that may be incurred by my child.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

<input type="text"/>	<input type="text"/>
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ABILITY TO READ AND WRITE IN ENGLISH

I am able to effectively and clearly communicate, read, and write in the English language and do not request the services of an English Language Translator.

- YES
- NO

DEMOGRAPHICAL INFORMATION (OPTIONAL)

SELF-IDENTIFICATION OF NATIVE HAWAIIAN ANCESTRY (OPTIONAL):

I am Native Hawaiian (Defined as a member or descendant of the indigenous Polynesian people who lived in the Hawaiian Islands prior to 1778)

- YES
- NO