



# 2022 Ag Internship Program

Mālama Kauaʻi's Ag Internship Program was launched in 2015 to provide hands-on experiences, networking, and job skills to high school and college-aged students to encourage more local youth to pursue careers in agriculture.

## Site Information:

This summer's internship will be rotating work days at various agricultural sites across the island. Once participants are selected Program Coordinator will work on a carpooling system to ensure everyone has transportation to the work sites each day to save on fuel.

## Program Schedule:

The program will run on Mondays, Tuesdays, and Fridays from 9am to 3:30pm, with a 30-minute lunch break, for a total of 18 hours worked per week.

The 4-Week Program will run from June 6th - July 1st, 2022. All students must attend a mandatory orientation via Zoom on Thursday, June 2nd at 3pm. Link will be provided upon program acceptance.

Interns will be paid \$15 per hour, on payroll, and will need a bank account for direct deposit, and Work Permit must be obtained for any youth under 18 years old at the start date of the program.

## What to Bring:

Programs regardless of weather, so please be prepared to bring:

- Sun/bug protection (hat, sunglasses, sunblock, bug spray, etc.)
- Change of clothes/layers (raincoat, pants, shorts, etc.)
- Closed toe shoes (sneakers or boots)
- Reusable water bottle & lunch
- Bagged lunch/snacks
- Work gloves (if you have)
- Notebook and pen
- A positive attitude & desire to learn!

## Contact:

Please submit applications and direct any questions to:

Jason Garlynd, Project Manager at (808) 828-0685 x 16 or [jason@malamakauai.org](mailto:jason@malamakauai.org)

***Mahalo to the Hawai'i Department of Agriculture for sponsoring the summer 2022 session!***

**Applications will be accepted on an ongoing basis until all openings are filled.**

\* All applicants must live in Kaua'i County and 14+ years old to qualify for acceptance into the program. \*

## Mālama Kaua'i Ag Internship Program - 2022 Application

### STUDENT INFORMATION

Applicant's name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hawaiian Ancestry:  Yes  No

Mailing address: \_\_\_\_\_  
STREET ADDRESS CITY ST ZIP

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Is the Student participating in their school's garden or Natural Resources program?  Yes  No

Student's Phone: (\_\_\_\_) \_\_\_\_\_ Student's Email: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Does the student drive and have a vehicle to get to various sites during the summer?

Has own transportation  Needs help to set up with a ride through carpooling

### PARENT/LEGAL GUARDIAN INFO (for students under 18; ALL students must complete emergency contacts)

Guardian #1 name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Guardian #1 phone: (\_\_\_\_) \_\_\_\_\_ Guardian #1 email: \_\_\_\_\_

Guardian #2 name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Guardian #2 phone: (\_\_\_\_) \_\_\_\_\_ Guardian #2 email: \_\_\_\_\_

In case of emergency, list two people who you would like us to contact if we are unable to reach you:

Contact's name Relation to child Phone #1 Phone #2

1) \_\_\_\_\_

2) \_\_\_\_\_

### ACCIDENT, MEDICAL, FIELD TRIP, & MEDIA RELEASE

I/We, \_\_\_\_\_, parents of guardian of \_\_\_\_\_, release all

(NAMES OF PARENTS OR LEGAL GUARDIANS)

(APPLICANT NAME)

officers, directors, staff members, kumu, kokua and all other sponsoring agencies and/or organizations of any claim for damages, liability, injury, expense, or loss on account of negligence or other wrongdoing that may occur while my/our child

is attending Mālama Kaua'i's Ag Internship Program in the year of 2022. I/we also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out of the Mālama Kaua'i internship activities under this agreement. In case of accident or need for medical attention, I/we give permission to internship site or other staff members to take my/our child to a doctor, dentist and/or emergency medical facility. I/we give permissions for my/our child to participate in field trip(s) associated with the program and give permission to internship site staff to transport my/our child in a NON-school approved vehicles as they deem necessary. I/we also hereby give permission to Mālama Kaua'i and/or the internship site to film, tape or otherwise record my/our child's name, voice, and/or person. I/we understand that these recordings of my/our child may include news releases to include photographs about Mālama Kaua'i's programs and other media releases to publicize Mālama Kaua'i's programs, and open-circuit (broadcast), closed-circuit, and/or cable television transition within or outside the State of Hawai'i in perpetuity. I/we also understand that there will be no financial or other remuneration for recording my/our child, either for initial or subsequent transmission or playback. Data from applications will be used for program planning and research purposes only.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LEGAL GUARDIAN'S SIGNATURE (If under 18)

\_\_\_\_\_  
DATE

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**ESSAY QUESTIONS**

*Please completely answer each question. Your answers and the effort you put into them will be used for consideration of enrollment in the program, as we regularly have more applicants than we have space for.*

***Why do you want to participate in the Ag Internship Program?***

***How do you see the Ag Internship Program fitting in with your education and career goals?***

***What are you most interested in learning from the Ag Internship Program?***