



**Guardians of the  
Program**

**FRIENDS OF  
Hawai'i Volcanoes  
National Park**

**Trails Youth Internship**

Please complete the entire application

Employer: Friends of Hawai'i Volcanoes National Park

**OUR MISSION:**

To support the National Park Service in the protection, preservation, and interpretation of the natural and cultural resources at Hawai'i Volcanoes National Park for the enjoyment of current and future generations.

Address: P.O. Box 653 Volcano, HI 96785-0653

Telephone: (808) 985-7373

Job Position Applied For: Guardians of the Trails Youth Intern

Job Duties included, but not limited to:

- Cut, dig, remove and herbicide invasive ginger.
- Trash removal from culturally significant sites.
- Planting, nursery maintenance
- Traffic assistance during eruptions
- Trail brushing
- Weed whacking, mowing and basic trail maintenance
- Moderate lifting 25-50lbs.
- Other duties as assigned

It is the policy of Friends of Hawai'i Volcanoes National Park to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 1. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_

## 2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

3. Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work in Hawai'i Volcanoes National Park (NPS or other organizations)? If yes, please list here:

\_\_\_\_\_

4. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Are you able to perform the essential functions of the job position you seek with

or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

## 6. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

## 7. Applicant's Education and Training

College/University Name and Address

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Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

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Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

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Please indicate any current professional licenses or certifications that you hold:

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Awards, Honors, Special Achievements:

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Military Service:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

## 8. References

List two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

9. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

\_\_\_\_\_

\_\_\_\_\_

## **CERTIFICATION**

I am a citizen or permanent resident of the United States or its territories or its possessions. I have or am applying for a valid U.S. Social Security number. I will be at least 18 years of age on or before the first day of work. I certify that all information I have provided on this application is true and correct to the best of my knowledge. I understand that incorrect statements constitute grounds for immediate dismissal. With my signature, I certify that I give my permission for this form to be reviewed Friends of Hawai'i Volcanoes National Park.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE DATE

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