Resource Center of Hawaii

Registration Form
Applicant No._____

Certificate in Volunteer Management - Hawaii (2009) Application Form

(In collaboration with UH Windward Community College; UHM School of Social Work, College of Tropical Agriculture and Human Services – Family Community Leadership Program)

To apply for the CVM-Hawaii program, please complete the application form and mail to the address below ASAP.

1. APPLICANT INFORMATION (Please print clearly or type)

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip Code

Organization: _____ **Title:** _____

Address of Organization: _____

City: _____ **State:** _____ **Zip Code:** _____

Work: Phone: _____ **Fax:** _____ **Email:** _____ **Cell:** _____

Home: Phone: _____ **Fax:** _____ **Email:** _____ **Cell:** _____

2. WORK EXPERIENCE (Please list Present to Past. Attach additional sheets as needed.)

Dates: From To	Organization Name and Location	Title and Position

3. REFERENCES:

Applicant must provide two (2) letters of reference from individuals who are familiar with his/her work experience or volunteerism. References must be sent directly to Volunteer Resource Center of Hawaii (ATTN: CVM-Hawaii 2009). PLEASE PRINT CLEARLY OR TYPE.

Name of Reference #1: _____ Phone _____

Name of Reference #2: _____ Phone _____

4. NARRATIVE (IMPORTANT)

On a separate sheet of paper, please share with us your reasons for wanting to be in the CVM-Hawaii Program.
Please limit your narrative to one type-written page.
ATTACH YOUR NARRATIVE TO THIS APPLICATION FORM.

5. TUITION AND FEES *(IMPORTANT: Please read completely.)*

- Tuition: Six-hundred and fifty dollars ($650.00). Payment in full will be due upon acceptance into the program unless otherwise negotiated with VRCH. **Make check payable to: Volunteer Resource Center of Hawaii.**
- Required textbooks may be purchased by the participants from the Volunteer Resource Center of Hawaii.
- A UH-WCC/CVM-Hawaii certificate will be presented upon successful completion of the program.
- **APPLICATION DEADLINE: *DECEMBER 1, 2008.*** **Minimum 15 students. Maximum 25 students.**

6. APPLICANT DECLARATION:

I declare that the above information is accurate. I understand that selection into the program will be based on evaluation of the information provided.

Name (print clearly or type): _____

Signature: **Date:** ___/___/___

MAIL TO: CVM-HAWAII PROGRAM (2009)
Volunteer Resource Center of Hawaii
UH-Windward Community College
Hale Alakai Room 106
45-720 Keaahala Road
Kaneohe, Hawaii 96744-3520

Application for 2009: (OFFICE USE ONLY)
date postmarked:_____ date rcvd:_____
_____ Application
_____ Letter of Recommendation 1