



Resource Center of Hawaii

Registration Form
Applicant No. _____

Certificate in Volunteer Management - Hawaii (2010) Application Form

(In collaboration with UH - Kapiolani/Windward Community College; UHM Myron B. Thompson 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:		Organization Name and Location	Title and Position
From	To		

3. REFERENCES:

References must be sent directly to Volunteer Resource Center of Hawaii (ATTN: CVM-Hawaii 2010). 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: Five hundred dollars (\$500.00). 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-KCC/CVM-Hawaii certificate will be presented upon successful completion of the program.

•APPLICATION DEADLINE: February 5, 2010. Minimum 15 students. Maximum 25 students.

NOTE: Partial scholarships may be available. Please inquire with VRCH about eligibility.

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 (2010)
c/o Paul Belanger
203 Ilihu St.
Kailua, Hawaii 96734

Application for 2010: (OFFICE USE ONLY)	
date postmarked: _____	date rcvd: _____
_____	Application
_____	Letter of Recommendation 1
_____	Letter of Recommendation 2
_____	Narrative
_____	Tuition