



THE WHIRLING RAINBOW FOUNDATION

P.O. Box 2822 Palmer, Alaska 99645 907-745-5636 ph/fax www.whirlingrainbow.com

RAINBOW PATH INTERNSHIP APPLICATION

Thank you in advance for filling out this form truthfully and completely! We ask that you **enclose a photo of yourself** so that we can recognize you when you arrive.

Which length of the Rainbow Path Internship Programs are you applying for?

3month_____ **6month**_____ **9months**_____ **12months**_____

Which of the current Internship Positions are you applying for? (Read Attached Intern Descriptions)

1. BACKGROUND

Name: _____

Name you prefer to be called: _____

Address _____

Phone: h- _____ w _____

Cell _____ email _____

Birthdate _____ Today's date: _____

How did you hear about The Whirling Rainbow Foundation?

- _____ Cooking for groups of 50+
- _____ Cooking for groups of 10+
- _____ Baking for groups of 50+
- _____ Food buying for groups of 50+

- _____ Graphic Arts & Design
- _____ Computer Graphic Design
(what programs)_____
- _____ Musical/ Performance Art
- Please specify_____

SALES AND CUSTOMER SERVICE

- _____ Interacting with public in retail
- _____ Retaining merchandise specifications
- _____ Keeping Stock of Merchandise
- _____ Ordering Supplies

CONSTRUCTION/MAINTENANCE

- _____ Painting
- _____ Carpentry
- _____ General Maintenance
- _____ Plumbing
- _____ Electrical
- _____ Heavy Lifting

OFFICE

- _____ Office/ Bookkeeping
- _____ Data Entry (wpm_____)
- _____ Microsoft Word experience
- _____ Computer Spreadsheets
- _____ Other Computer Exp. _____

- _____ Clerical Support (Xeroxing, collating, etc)
- _____ Administrative Assistant (projects, writing, Scheduling)

BUSINESS MARKETING

- _____ Telemarketing/Phone Skills
- _____ Internet Experience/ Research
- _____ Event Booking
- _____ Website creation/upgrade
- _____ Grants Research/Writing
- _____ Other

COUNSELING/FACILITATION

- _____ Licensed Psychotherapist
- _____ Licensed Social Worker
- _____ Marriage and Family Therapy
- _____ Rape/Abuse Crisis Counselor
- _____ Hospice Counselor

- _____ Spiritual Counselor
- _____ School Counselor
- _____ 12 Step Sponsor
- _____ Support Group Facilitator
- _____ Suicide Prevention Counselor
- _____ OTHER_____

GRAPHIC ART

- _____ Adobe Photoshop
- _____ Transferring PDF Files
- _____ Brochure and Poster design
- _____ Web Design

CHILDREN

- _____ Theater/ acting
- _____ Cultural events/ Parades etc.
- _____ Teaching
- _____ Camps
- _____ Workshops
- _____ Storyteller

3. EDUCATION

Level of Formal Education

9 10 11 12 COLLEGE 1 2 3 4 5 6

Field(s) of Study _____

Are you attending the Volunteer Internship for College credit? YES NO

If so, what college or university are you currently attending?

If so, what area(s) of study are you hoping to receive credit for working with us? (Cultural Studies, Psychology etc.)

Who is your academic advisor? _____ Phone: _____

Recent Employment History

A. Employers Name: _____ Position: _____

Job description: _____

Dates of Job: _____ Reason for Leaving _____

B. Employers Name: _____ Position: _____

Job description: _____

Dates of Job: _____ Reason for Leaving _____

C. Employers Name: _____ Position: _____

Job description: _____

Dates of Job: _____ Reason for Leaving _____

Names, addresses, phone numbers of two people who can give work or character references (state their relationship to you):

A _____

B _____

Other related specific skills/ life experience/certifications/training's/licenses. Please also use this space to give further detail to any skill/ability listed above. (use another sheet if necessary)

What do you feel are your strongest personal qualities? _____

Please detail any acute or chronic health conditions (including structural problems) or any condition which caused you to miss two or more weeks of work(or regular activity) in the last three years:

6. EMOTIONAL AND PSYCHOLOGICAL HEALTH

Due to the emphasis of our lifestyle on personal growth and the nature of some programs we present, living and working at the Whirling Rainbow Foundation is at times emotionally challenging and psychologically rigorous. As such, the internship and apprenticeship is not advantageous to all persons at all times.

The psychological questions are included on this application to support a safe experience. Although the programs and atmosphere at our center facilitate personal growth, they are not a replacement for the specific support that a psychotherapist, spiritual counselor or 12 Step program provide. We recommend you plan to continue contact with your therapist/ program throughout your participation in this program.

Are you currently seeing a professional for mental health, personal growth and or spiritual concerns (e.g. psychotherapist, psychiatrist, pastoral or spiritual counselor etc)? YES NO If so, does this professional know you are attending this program? YES NO

Have you been diagnosed with a psychological condition? YES NO If so, please describe the diagnosis, treatment administered and dates. List multiple conditions separately using another page if necessary.

Have you ever attempted to take your life? YES NO If so, please state when.

In the unlikely event of a psychological emergency, please list the practitioner to be contacted:

Name _____

Phone: _____

7. SPIRITUAL LIFESTYLE/HEALTH PRACTICES

Please answer these questions on a separate piece of paper. Please answer thoughtfully and candidly. It is our way of getting to know you. It is also an opportunity for you to clarify yourself and what it is you want from the program. There are two sections.

A. CURRENT LIFESTYLE

Describe your present lifestyle, highlighting any current challenges with which you are working in the following areas that may affect your experience with the Rainbow Path Internship:

1. WORK
2. SOCIAL RELATIONSHIPS
3. PERSONAL TIME/CARE
4. SCHOOLING/EDUCATION
5. DIET

B. ABOUT YOUR JOURNEY WITH US

Please include in the above essay about yourself and share the following.

1. Where are you right now in your life?
2. What do you feel you are coming here to learn and discover....
3. What is your intention in coming?
4. What changes do you expect in your life from the experience with the program?
5. What are you bringing to this community...
what do you feel are the gifts you bring to share with others?

7c. Please indicate if your present diet includes any of the following with the number of times per week:

__ Meat __ Fish __ Eggs __ Alcohol __ Coffee/Tea __ Sugar __ Smoking __ Soda Pop __

7d. About our program menus:

Our menus consist of whole and sprouted grain, organic meals, vegetarian, fish and chicken, low salt and low sugar. Fresh foods are used as often as possible. To help us in planning, do you have any special dietary requirements or allergies to any foods?

7e. Recreational Drugs or Alcohol

I am **currently** using:

Type of Recreational Drug or Alcohol	Date Began/How Often	Why
_____	_____	_____

7. In the **past** I used:

Type of Recreational Drug or Alcohol	Date Began/How Often	Why
_____	_____	_____
_____	_____	_____

7f. Do you practice meditation regularly? YES NO

7g. Do you have any spiritual practices? Yes No If so, which ones? _____

7h. Please list any personal growth work you have participated in including 12 step, support groups, workshops, mentorships, etc dates and frequency.

RELEASE: To expedite this process, we ask your consent to contact by phone or letter any employer and/or health practitioner whom you have indicated on this form has knowledge of your employment and/or physical or mental health. By signing below you are giving The Whirling Rainbow Foundation staff permission to contact any of the employers/practitioners listed in your application. (Those NOT to be contacted may be listed below).

By signing below you are also agreeing to cover any medical costs you incur while a participant in the stated program. Signing below also acknowledges that all the information included in this application is true and complete. You understand that withholding information can lead to the immediate termination of your participation in programs at the Whirling Rainbow Foundation.

Signed

Date

Health Practitioners NOT to be contacted:

Name and Title

Field of Practice

STATEMENT OF CONFIDENTIALITY: All the information provided to The Whirling Rainbow Foundation will remain confidential and not be released to any outside organization or agency.

Thank you for your interest in applying with us!

APPLICATION CHECKLIST:

Did you remember?

- _____ Include One passport size color photo of yourself
- _____ \$35 application fee (make payable to The Whirling Rainbow Foundation)
- _____ Application Form
- _____ Additional essay questions
- _____ Dates of your stay with us
- _____ Any questions you still may have?

Please mail ALL of the above items and information to:

***The Whirling Rainbow Foundation
P.O. Box 2822
Palmer, Alaska 99645
907-745-5636
thewirlingrainbowfoundation@gmail.com***

FOLLOW UP:

We ask that you submit your application at least 2 months prior to your intended start date. We will contact you by mail or telephone. It takes 1-4 weeks to process your application.
