



# THE WHIRLING RAINBOW FOUNDATION

**P.O. Box 1111 Homer, Alaska 99603 907-745-5636 ph/fax [www.whirlingrainbow.com](http://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)

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### **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?

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Have you attended any WRF programs? If so, which ones? \_\_\_\_\_

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Some of our programs involve working with indigenous peoples and cultures from around the world. Please list your experience working with diverse populations (youth, elders, women, native peoples etc). Please use additional paper if necessary.

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**2. SPECIFIC SKILLS-** Please check the following areas in which you have skills or abilities.

**AUDIO/VIDEO**

- Audio Repair/Maintenance
- Video System Repair/Maintenance
- Sound Engineering for events
- Video Camera Filming/Editing

**CREATIVE ARTS**

- Drawing
- Painting
- Clay/Pottery
- Ritual Art (drums, masks, rattles, beading
- Crafts (Basket Making, etc.

**SHAMANIC and HEALING Arts**

- Soul Journey Work
  - Sweat Lodge
  - Herbs/Plantlore
  - Certified Bodyworker
  - Yoga Instructor \_\_\_\_\_
  - Licensed Massage Therapist
  - Meditation Practice \_\_\_\_\_
  - Reiki, Healing Touch etc.
  - Other Healing Arts
- which ones? \_\_\_\_\_
- Traditional Knowledge and Wisdom

**INTERNATIONAL TRAVEL**

- Menu Planning \_\_\_\_\_
  - Trip Planning/Packing
  - Indigenous Cultures and Languages
  - Foreign Travel
- which countries? \_\_\_\_\_
- Driving Large Rigs/ Trailers/ RVs

**KITCHEN**

- \_\_\_\_\_ Cooking for groups of 50+
- \_\_\_\_\_ Cooking for groups of 10+
- \_\_\_\_\_ Baking for groups of 50+
- \_\_\_\_\_ Food buying for groups of 50+
- \_\_\_\_\_ Other

**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

**ARTS/PERFORMANCE**

- \_\_\_\_\_ Graphic Arts & Design
- \_\_\_\_\_ Computer Graphic Design  
(what programs) \_\_\_\_\_
- \_\_\_\_\_ Musical/ Performance Art  
Please specify \_\_\_\_\_

**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)

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What do you feel are your strongest personal qualities? \_\_\_\_\_

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What do you feel are your strongest technical skills? \_\_\_\_\_

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#### 4. PHYSICAL HEALTH

We welcome persons of varying abilities. However some of our work and lifestyle you may find physically demanding. For example some jobs require heavy lifting, bending, long sitting or standing. In order that we may appropriately design your position, please answer the following: Overall physical condition including stamina, strength, flexibility, mobility (check one)

\_\_\_\_\_ Excellent      \_\_\_\_\_ Good/Average      \_\_\_\_\_ Improvement needed

Physical Limitations: Please indicates specifically what you can and cannot do: \_\_\_\_\_

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Do you have any allergies? YES NO. If yes please specify

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Do you have any history of seizures? YES NO If yes, please give a brief history including date of last seizure, medication(s) currently taking:

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#### 5. ADDITIONAL MEDICAL INFORMATION

In case of emergency, please list two people for us to contact:

Name	Relationship	Address	Home Phone	Work Phone
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Name and phone of current medical doctor:

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

Date of Last physical exam \_\_\_\_\_

Are you currently pregnant? YES NO If so please give approximate due date:

Are you currently taking any medication? Yes No If yes, type of medication and for what condition:

Medication	Purpose	Dosage	Dates of Use
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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:

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**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.

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

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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 effect 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?

5a 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 \_

5b. 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?

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### 6. Recreational Drugs or Alcohol

I am **currently** using:

Type of Recreational Drug or Alcohol	Date Began/How Often	Why
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### 7. In the **past** I used:

Type of Recreational Drug or Alcohol	Date Began/How Often	Why
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8. Do you practice meditation regularly? YES NO

9. Do you have any spiritual practices? Yes No If so, which ones? \_\_\_\_\_

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

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**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.

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*Signed*

*Date*

Health Practitioners NOT to be contacted:

Name and Title

Field of Practice

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**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 1111***

***Homer, Alaska 99603***

***907-745-5636***

***thewhirlingrainbowfoundation@gmail.com***

**FOLLOW UP:**

We ask that you submit your application at least 3 months prior to your intended start date. We will contact you by mail or telephone. It takes 1-4 weeks to process your application.

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