

Simple Life Apprenticeship Application Form

Program Dates: _____

Name of Participant, Preferred _____

Pronouns: _____

Age: _____

Mailing Address: _____

Phone# _____ and/or Cell Phone#: _____

Email (please print clearly): _____

Emergency Contact Info:

Contact 1: Name, Relationship and Phone# _____

Contact 2: Name, Relationship and Phone# _____

Food Needs (i.e. allergies, vegetarian, gluten-free, etc.): _____

All Medical Issue (i.e. asthma, injuries, medications, any factors that limit your activities, etc.) _____

Essay Questions:

Please write a short essay in answer to the following questions:

- ☐ Why do you want to take part in the Koviashuvik Simple Life Apprenticeship?
- ☐ What are specific learning goals that you have for your time at Koviashuvik?
- ☐ Please tell us about a person who has helped to shape your life and beliefs.

-Note that Koviashuvik is an inclusive organization which welcomes all religions, genders, orientations, ages, and abilities. Your application serves as your agreement to accept these conditions.

Thank you for your interest. We look forward to meeting you!

Mail essay answers, along with \$75 nonrefundable deposit and this registration form, to:

Koviashuvik

71 lake Drive

Temple, ME 04984