

Simple Life Internship 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 Question:

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

- Why do you want to take part in the Koviashuvik Simple Life Internship?
- What are specific learning goals that you have for your time at Koviashuvik?

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

Checks should be made out to Koviashuvik and mailed, along with this registration form, to:

Koviashuvik
71 lake Drive
Temple, ME 04984