

Simple Life Internship Application Form

Program Dates: _____

Name of participant: _____

Age: _____ Gender: M / F

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. vegetarian, food allergies, etc.): _____

All Medical Issues: (i.e. asthma, injuries, medications, any factors that may 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!

Mail to:

Koviashuvik

71 Lake Drive

Temple, ME 04984