



## MĀKAUKAU TRAINING APPLICATION

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### Instructions:

Please complete all sections of this application. Return it by email to [training@wedg-hi.org](mailto:training@wedg-hi.org) or as otherwise directed by WEDG staff. To complete your enrollment, you must submit the Waiver of Liability form and pay the \$50 registration fee. More information can be found at [wedg-hi.org/makaukau-training-application](http://wedg-hi.org/makaukau-training-application).

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### SECTION 1 – APPLICANT INFORMATION

Full Name:

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Phone Number:

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Email Address:

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Street Address:

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City, State, Zip Code:

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Date of Birth (MM/DD/YYYY):

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## SECTION 2 – Government Issued ID

Do you have a valid government issued ID?

Yes       No

Number:

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ID Expiration Date (MM/DD/YYYY):

\_\_\_ / \_\_\_ / \_\_\_\_\_

State of Issue (e.g., HI):

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### Important Eligibility Note:

Applicants **without a valid driver's license** are **not currently eligible** for the Mākaukau Training Program. If you do not have a valid driver's license, WEDG will keep your information on file and notify you about **future training opportunities** you may qualify for.

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## SECTION 3 – TRAINING DATES & PROGRAM INTEREST

Which training session(s) are you applying for?

(Choose only one.)

December 2025: 13–14 and 20–21, 7AM–4:30 PM

January 2026: 10–11 and 17–18, 7AM–4:30 PM

February 2026: 14–15 and 21–22, 7AM–4:30 PM

March 2026: 21–22 and 28–29, 7AM–4:30 PM

April 2026: 18–19 and 25–26, 7AM–4:30 PM

May 2026: 9–10 and 23–24, 7AM–4:30 PM

June 2026: 13–14 and 20–21, 7AM–4:30 PM

Which certifications or areas are you most interested in?

(Select all that apply.)

OSHA 10-Hour

CPR / First Aid / AED

PIT - Forklift / Scissor Lift Operation

Fire Prevention

Machine Guarding

- Health Hazards / Silica
- Workplace Violence
- Globally Harmonized System (GHS)
- Other (please describe):  
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#### SECTION 4 – EMERGENCY CONTACT

**Emergency Contact Name:**

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**Relationship to You:**

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**Emergency Contact Phone Number:**

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#### SECTION 5 – ADDITIONAL INFORMATION (OPTIONAL)

Please share any medical conditions, accessibility needs, or other information WEDG should be aware of to support your participation:

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#### SECTION 6 – ACKNOWLEDGEMENTS

(Place your initials or a checkmark in each box to indicate your agreement.)

- I understand I must attend **all sessions** to receive certificates.
- I will follow the **dress code and safety rules**.
- I am **18 years of age or older** and will bring a **valid government issued ID** to training.

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**SECTION 7 – PARTICIPANT AGREEMENT**

By signing below, I certify that:

- The information I have provided in this application is **true and complete** to the best of my knowledge.
- I understand that **completion of this application does not guarantee acceptance** into the Mākaukau Training Program.
- If accepted, I agree to **follow all program rules, safety protocols, and instructions** provided by WEDG staff and trainers.
- I understand that a **valid government issued ID** is a requirement for this training program and that my eligibility is contingent upon meeting this requirement.
- I acknowledge that I am responsible for **paying the \$50 registration fee** to reserve my seat upon acceptance, as directed by WEDG.

**Applicant Signature:**

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**Date (MM/DD/YYYY):**    \_\_\_ / \_\_\_ / \_\_\_\_\_

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Whitmore Economic Development Group