MĀKAUKAU TRAINING APPLICATION

Instructions:
Please complete all sections of this application. Return it by email to 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.

SECTION 1 – APPLICANT INFORMATION

Full Name:

Phone Number:

Email Address:

Street Address:

City, State, Zip Code:

Date of Birth (MM/DD/YYYY):
____ / ____ / _____

SECTION 2 – Government Issued ID

Do you have a valid government issued ID?

☐ Yes ☐ No

Number:

ID Expiration Date (MM/DD/YYYY):

____ / ____ / _____

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

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.

SECTION 3 – TRAINING DATES & PROGRAM INTEREST

Which training session(s) are you applying for?
(Choose only one.)

- ◯ June 2026: 20–21 and 27-28, 7AM–4:30 PM
- ◯ July 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):
_____

SECTION 4 – EMERGENCY CONTACT

Emergency Contact Name:

Relationship to You:

Emergency Contact Phone Number:

SECTION 5 – ADDITIONAL INFORMATION (OPTIONAL)

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

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.

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:

_____

Date (MM/DD/YYYY): ____ / ____ / _____

_____