MĀKAUKAU WORKFORCE DEVELOPMENT TRAINING

AUGUST-SEPTEMBER 2026 REGISTRATION FORM

Please complete all required sections. Each August training period is limited to 11 participants.

A completed paper application does not reserve a seat until WEDG staff processes and confirms enrollment.

1. TRAINING PERIOD SELECTION (REQUIRED)

Select ONE complete training period:	
☐ **Weekday Training Period** Wednesday-Friday, August 26, 27 and 28, 2026 7:00 a.m.-4:30 p.m. each day Maximum 11 participants	☐ **Weekend Training Period** Saturdays, September 12-13 and 19-20, 2026 7:00 a.m.-4:30 p.m. each day Maximum 11 participants

2. APPLICANT INFORMATION (REQUIRED)

Full Legal Name:	**Date of Birth (MM/DD/YYYY):**
Primary Phone Number:	**Secondary Phone Number (optional):**
Email Address:	**Alternative Email (optional):**
Street Address:	**City, State, Zip Code:**
How did you hear about this training program?	**Are you 18 years of age or older? ☐ Yes ☐ No**

3. GOVERNMENT ISSUED ID (REQUIRED)

Do you have a valid government issued ID? **☐ Yes ☐ No**	**State of Issue:**
ID Number:	**Expiration Date (MM/DD/YYYY):**
Important eligibility note: Applicants without a valid ID are not currently eligible for this training. WEDG may retain their contact information for future opportunities for which they qualify.	

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4. CERTIFICATIONS AND AREAS OF INTEREST

☐ 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: _____

5. EMERGENCY CONTACT (REQUIRED)

Emergency Contact Name:	**Relationship to You:**
Primary Phone Number:	**Secondary Phone Number (optional):**

6. ADDITIONAL INFORMATION (OPTIONAL)

Please share accessibility needs or other information WEDG should know to support your participation:

7. ACKNOWLEDGEMENTS (REQUIRED)

☐ I understand I must attend every scheduled session in the selected training period to receive certificates.
☐ I will follow the dress code, safety rules, instructor directions and program policies.
☐ I am 18 years of age or older and will bring a valid driver's license or State ID to training.
☐ I understand completion of this application does not guarantee acceptance or reserve a seat.
☐ I understand that, if accepted, I must submit the required Waiver of Liability and pay the $50 registration fee as directed by WEDG.

8. PARTICIPANT AGREEMENT AND SIGNATURE

By signing below, I certify that the information provided is true and complete. If accepted, I agree to follow all WEDG program rules, safety protocols and instructions. I understand that eligibility is contingent upon meeting program requirements, including valid identification and payment of the required registration fee.	**Date (MM/DD/YYYY):**
Applicant Signature:	

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9. SUBMISSION INSTRUCTIONS

EMAIL	MAIL	ASSISTANCE
training@wedg-hi.org	WEDG - Attn: Training Program 1116 Whitmore Avenue Wahiawā, HI 96786	Call (808) 583-4742

Online program information: wedg-hi.org/makaukau-training-application

10. FOR STAFF USE ONLY

Date Received:	**Received By:**
Entered in Online System: ☐ **Yes** ☐ **No**	**Date Entered:**
Selected Training Period:	**Payment Status:** ☐ **Pending** ☐ **Paid** ☐ **Waived**
Cohort Status: ☐ **Applied** ☐ **Accepted**	☐ **Completed** ☐ **Certified** ☐ **Withdrawn** ☐ **Inactive**
Staff Notes:	

Mahalo for your interest in the Mākaukau Workforce Development Training Program.

We look forward to supporting your growth and success.