



# MĀKAUKAU WORKFORCE DEVELOPMENT TRAINING

## OCTOBER 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**

Saturdays, October 10 and 17, 2026

7:00 a.m.-4:30 p.m. each day

Maximum 11 participants

☐ **Weekend Training Period**

November 2026 TBA

7:00 a.m.-4:30 p.m. each day

Maximum 11 participants

### 2. APPLICANT INFORMATION (REQUIRED)

|                                                                        |                                                                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Full Legal Name:</b><br>_____<br>_____                              | <b>Date of Birth (MM/DD/YYYY):</b><br>_____<br>_____                                                                |
| <b>Primary Phone Number:</b><br>_____<br>_____                         | <b>Secondary Phone Number (optional):</b><br>_____<br>_____                                                         |
| <b>Email Address:</b><br>_____<br>_____                                | <b>Alternative Email (optional):</b><br>_____<br>_____                                                              |
| <b>Street Address:</b><br>_____<br>_____                               | <b>City, State, Zip Code:</b><br>_____<br>_____                                                                     |
| <b>How did you hear about this training program?</b><br>_____<br>_____ | <b>Are you 18 years of age or older?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____<br>_____ |

### 3. GOVERNMENT ISSUED ID (REQUIRED)

|                                                                                                                  |                                                                 |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Do you have a valid government issued ID?</b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>State of Issue:</b><br>_____<br>_____                        |
| <b>ID Number:</b><br>_____<br>_____<br>_____                                                                     | <b>Expiration Date (MM/DD/YYYY):</b><br>_____<br>_____<br>_____ |

**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

|                                      |                                                                                           |                                          |
|--------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|
| <b>EMAIL</b><br>training@wedg-hi.org | <b>MAIL</b><br>WEDG - Attn: Training Program<br>1116 Whitmore Avenue<br>Wahiawā, HI 96786 | <b>ASSISTANCE</b><br>Call (808) 309-7899 |
|--------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|

Online program information: [wedg-hi.org/makaukau-training-application](https://wedg-hi.org/makaukau-training-application)

## 10. FOR STAFF USE ONLY

|                                                                                                   |                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date Received:</b><br><br>                                                                     | <b>Received By:</b><br><br>                                                                                                                        |
| <b>Entered in Online System:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br> | <b>Date Entered:</b><br><br>                                                                                                                       |
| <b>Selected Training Period:</b><br><br>                                                          | <b>Payment Status:</b> <input type="checkbox"/> Pending <input type="checkbox"/> Paid <input type="checkbox"/> Waived<br><br>                      |
| <b>Cohort Status:</b> <input type="checkbox"/> Applied <input type="checkbox"/> Accepted<br><br>  | <input type="checkbox"/> Completed <input type="checkbox"/> Certified <input type="checkbox"/> Withdrawn <input type="checkbox"/> Inactive<br><br> |
| <b>Staff Notes:</b><br><br><br>                                                                   |                                                                                                                                                    |

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

*We look forward to supporting your growth and success.*