



**American Friends  
Service Committee**

*Quaker values in action*

# **Ka Makani Kaiaulu o Wai'anae 2010**

**A Summer Youth Environmental Justice Institute**



**A summer youth leadership training institute that lets you serve your community by becoming a community organizer and environmental justice leader through digital activism by telling your vision and story. Here is a break-down of what the institute will be about!**

- Who:** Who can participate? We are looking for youth (age 15 – 19) from Wai'anae who care about the health and well being of their families, communities and the 'āina. We want self-motivated, driven students who are dedicated to protecting Hawai'i and making positive social change for justice. Applicants must be committed to learning community empowerment and digital media skills and using those new skills to help their community and the environment become healthier.
- What:** What are you going to do during the institute? We will cover Native Hawaiian sources of knowledge and practices related to the protection of the environment and how they relate to you and your community's health. You will learn about and document social and environmental justice issues affecting your community and Hawai'i through digital storytelling by connecting with elders and members of your community. You will learn video production skills to help tell your community's story and vision for its future.
- When:** The Ka Makani Kaiaulu o Wai'anae Institute will run four weeks - June 21 through July 16, 2010. Each week is five days, five hours a day and at the end you get paid a stipend of **\$200**.
- Where:** Most activities will take place at the Leeward Community College Wai'anae office (86-088 Farrington Hwy, Suite 201, Wai'anae, HI 96792, Phone: 696-6378). During the summer institute we will take trips around Wai'anae and O'ahu to document the community's stories and help students better understand the issues affecting Hawai'i and the depth and scope of doing this work.

**Why:** Why should you join other students this summer in this life changing experience? Wai'anāe is under attack. It is an assault against the community and against the 'āina, with military bombs and toxic chemicals, overdevelopment and loss of agricultural land, contaminated landfills, water pollution, chemical weapons, rising costs of living and growing numbers of houseless families. The Ka Makani Kaiaulu o Wai'anāe Institute will give the selected candidates a way to learn skills for making grassroots community change through digital storytelling and a forum to present their ideas on how to improve conditions for peace and justice and environmental sustainability.

### **Program eligibility**

- Youth between the ages of 15-19
- Must be self-motivated and able to work well in a team towards a common goal.
- Must have the desire to protect the environment and the health and well being of the Wai'anāe community.

### **Stipend**

All Youth participating in the summer institute will receive a **\$200** stipend after satisfactory completion of the **4 week program**.

### **Program Sponsor**

AFSC is a non-profit international human rights organization focusing on peace and social justice. We have worked in Hawai'i since 1941 and have been active in the Wai'anāe community since the 1970s. We promote human rights and justice for Native Hawaiians, non-military career alternatives for youth and the restoration and clean up of lands that have been damaged by the military, such as Kaho'olawe and Makua.

### **How to Apply:**

1. Complete the application form, the teacher/adult recommendation form and parent permission form and creative work sample (writing, video, art, poetry, music, digital art). Video can be uploaded to Youtube or another online video service; just send us a link.
2. Mail, fax, or scan/email the completed application forms to:

American Friends Service Committee – Hawai'i Area Program  
Attn: Kyle Kajihiro  
Ka Makani Kaiaulu o Wai'anāe  
2426 O'ahu Avenue  
Honolulu, HI 96822

Fax: 808-988-4876

Email: [kkajihiro@afsc.org](mailto:kkajihiro@afsc.org)

**We will notify applicants by June 14 if they have been accepted into the program.**

**Ka Makani Kaiaulu o Wai'anae**  
**A Summer Youth Environmental Justice Institute**  
**Application Form**  
**Good Luck!**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Date of birth \_\_\_\_\_

Email \_\_\_\_\_

Neighborhood where you live \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ cell \_\_\_\_\_

\*Ethnic background/languages spoken \_\_\_\_\_

\*Gender \_\_\_\_\_

\*Economic background \_\_\_\_\_

\*Sexual orientation \_\_\_\_\_

(Please attach additional pages if needed)

How did you hear about Ka Makani Kaiaulu o Wai'anae Institute?

Have you worked for a non profit organization before? If so which one? What did you do?

Describe any activities you have been involved in to protect the 'āina, or to demand justice for something that is wrong in your community?

What skills, interests and experiences would you bring to this institute?

What do you hope to learn from this program?

Thank YOU for applying for the institute. Before you send this in make sure:

1. You have filled in all information completely and accurately.

2. Have yourself and parent/guardian sign application.
3. A teacher or other adult reference has filled out and submitted a recommendation form.
4. Answer all questions and contact us if there we can answer any questions.

\*\*\*\*\*Application Deadline **June 1**\*\*\*\*\*

Ok, watch for a phone call or email for interview!!!!

Student signature\_\_\_\_\_

Parent signature\_\_\_\_\_

- Complete the application form, the teacher/adult recommendation form and parent permission form and work sample (**writing, video, art, poetry, music, digital art**). Video can be uploaded to Youtube or another online video service; just send us a link.
- Mail, fax, or scan/email the completed application forms to:

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Fax: 808-988-4876

Email: [kkajihiro@afsc.org](mailto:kkajihiro@afsc.org)

## AFSC YOUTH DATA/PERMISSION FORM

(Must be completed for un-emancipated youth under age 18)

2426 O'ahu Avenue, Honolulu, HI 96822

Contact Person/Phone: Kyle Kajihiro, 808-542-3668

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Youth's Date of Birth: \_\_\_\_\_

Youth's Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Work phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Youth's Limitations and/or Cautions (medication, allergies, drugs, or other):  
\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATIONS and AGREEMENTS

**Participation:** I give permission for my child/ward to participate in activities and field trips, overnight and weekend retreats sponsored by the American Friends Service Committee, including transportation by licensed drivers in insured vehicles. The Ka Makani Kaiaulu o Wai'anae Institute sponsored by the American Friends Service Committee. The workshop will take place Monday through Friday, June 21 through July 16, 2010 at the Leeward Community College Waianae (LCCW) office, 86-088 Farrington Hwy, Suite 201, Wai'anae, HI 96792, Phone: 808-696-6378.

**Principles of Behavior:** It is the goal of AFSC that, adults and youth work together in mutually respectful and affirming ways; in a spirit that recognizes the inherent worth of each person. Our expectations for behavior are found in the AFSC Youth Work Guidelines and apply equally to everyone - adults and youth alike. Youth may be asked to leave an AFSC program or activity because of breach of good conduct.

**Medical Treatment:** I give permission for my child to receive emergency medical care during the period of participation in AFSC's projects, **including emergency first aid treatment by qualified AFSC staff.** I also give permission for my child to be transported by ambulance or car to an emergency center for treatment. If I cannot be contacted, I consent to the performance of any medical or surgical care for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the

physician to safeguard my child's health. I understand that accident and health insurance coverage is the responsibility of individual parents or legal guardians.

**Use of images:** I give permission for my child/ward to have his/her likeness displayed in the form of video or still images. I understand that my child/ward will be identified in video by first name only.

**Release:** By my signature below, I hereby release and hold harmless the American Friends Service Committee, and all persons acting pursuant to its authority, from all liability for foreseen and unforeseen damages to the person and/or property of \_\_\_\_\_ arising out of his/her participation in this program. I have been given a signed copy of this form for my records.

\_\_\_\_\_

Youth Signature

\_\_\_\_\_

Parent/Guardian signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_



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**Ka Makani Kaiaulu o Wai'anae  
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**Teacher/Adult Recommendation**

**To Be Completed By Applicant:**

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To Be Completed By Teacher/Adult:**

*To the teacher: The student above is applying to participate in a Ka Makani Kaiaulu o Wai'anae Institute sponsored by the American Friends Service Committee (AFSC). AFSC is a non-profit international humanitarian aid organization focusing on peace and social justice that has worked in the Wai'anae community for many years. Students will learn community organizing skills and methods for documenting environmental justice issues in the community. They will learn skills to be more effective activists and leaders for justice in their community. The institute will take place June 21 through July 16, 2010. The application deadline is June 1, 2020.*

How long have you known the applicant? \_\_\_\_\_

Do you currently have him/her in class or work with them in a learning capacity?

\_\_\_\_\_

In what subjects have you taught or projects have you worked on with the applicant ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please comment on the applicant's ability to follow through: \_\_\_\_\_

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What are the first three words that come to mind in describing the applicant:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How do you think the applicant will benefit from this program? \_\_\_\_\_

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Additional comments: \_\_\_\_\_

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Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

*If you have any questions please contact Kyle Kajihiro at (808) 988-6266 or (808) 542-3668 or [kkajihiro@afsc.org](mailto:kkajihiro@afsc.org).*