

KUSHI INSTITUTE
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**COMMUNITY RESIDENT AND VOLUNTEER PROGRAMS
APPLICATION FORM**

This is an application for both the Community Resident Program (17 week minimum commitment) and the Volunteer Program (1 month minimum commitment.)

Name_____

Address_____

City_____ State_____ Zip_____

Telephone (Day)_____ (Evening)_____

Email_____

WHICH PROGRAM ARE YOU INTERESTED IN?

CRP PROGRAM____ VOLUNTEER PROGRAM____

What is your preferred start date? Month_____ Year_____
end date? Month_____ Year_____

Are these dates flexible?_____

Do you have the energy level to work actively for a full 40 hours per week?_____

Do you have sufficient money for general expenses during your stay?_____

Are you fluent in spoken and written English?_____

What is your previous experience with macrobotics? (cooking, education, employment)

Is there a particular area in which you would like to work? (you can mark more than one)

_____ Housekeeping _____ Grounds/Maintenance
_____ Kitchen _____ Office
_____ Conferences & Events

Please describe your experience for the area(s) you have indicated.

On an attached piece of paper, please write why you want to be a part of this program.

