



POLESTAR GARDENS
spirit, community, life-long learning.

Polestar Gardens Raja Yoga Intern Application

Please fill out the following information to apply to our Internship Program. Mahalo (thank you!)

Your Name (required): _____

Your Gender (required): M F

Your Email (required): _____

Date of Birth (required): ___/___/____

Your Home Phone (required): (____) ____ - ____

Your Arrival Date (required): ___/___/____

Your Cellphone: (____) ____ - ____

Your Departure Date (required): ___/___/____

Best Time to Call (required): ____ a.m. ____ p.m.

Your Address (required) _____

Questions

Thank you for your interest in Polestar's internship program. This questionnaire is designed to help us get to know each other, and to let you know what to expect and what is expected of our participants. If you need more room to answer these questions please use another sheet of blank paper.

1. Please share with us a little about yourself. For example, your family, educational background, life experiences, jobs, talents, skills, and interests; whatever else you feel to share.

2. How did you hear about us?

4. Are you currently seeing, or have you seen in the last five years, a physician or therapist for any physical conditions or mental illness? If so, please explain.

5. Are you now taking any medications? (If yes, please specify)

6. Have you ever had an alcohol or substance abuse problem? (If yes, please specify)

Emergency Contact Information:

Please include name, phone, email, address, and how this person is related to you.

Character References:

Please include at least 2 character references with contact information (Name, Phone, Work Title, and Relationship)



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Please fax or mail form:

Fax: (888) 478-2685

Mailing address

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Suite 306, PMB 8740
Pahoia, HI 96778