



2010 SUMMER AMBASSADOR PROGRAM

P.O. Box 701 CAMDEN, MAINE 04843 U.S.A.
 TELEPHONE: 207.236.7482 EMAIL: wos@worldoceanschool.org

Deadline for submission: April 15, 2010

Application for Admission

I am applying for:

Session I: ___ June 20-July 5
 Session II: ___ July 15-July 30
 Session III: ___ Aug. 1-Aug. 16

First Name: _____ Last Name: _____ Gender: M / F

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Tel.: () _____ Mobile: () _____ Date of Birth: _____

Email: _____ Citizenship: _____

How did you hear of World Ocean School? _____

Grade Level: _____ Age: _____ School Name: _____

Do you speak and understand English? _____

Mother's Name	Father's Name
Address:	Address:
Country	Country
Tel.: () Fax: ()	Tel.: () Fax: ()
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:

Please list a character reference and ask them to complete the enclosed form and return it with this application. The referee should be someone who knows you well and can attest to your suitability for this program (i.e., a teacher, coach, employer — **not a friend or relative**).

Reference Name:	How do you know this person?
Address:	
Tel.: ()	
Email:	How long have you know this person?
Occupation:	
Employer:	



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Please list the activities in which you have been, or are currently, involved (i.e sports, music, volunteerism, art, church, clubs, leagues, etc.)

What are your hobbies (i.e. what do you like to do for fun?)

Do you have now, or have you recently had a job? _____ If yes, what is the nature of the work?

What, if any, sailing or boating experience do you have? (NOTE: World Ocean School does not require students to have previous sailing or boating experience.)

What do you imagine might be the most rewarding aspect of the program for you personally?

What do you imagine might be the most challenging aspect of the program for you personally?

Are you currently on any medication?

If yes, please list: _____

Do you have any medical conditions that may impact your participation in this program (this does not necessarily preclude you from participation in the program)?

If yes, please explain: _____



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ESSAY: Please attach a one page essay, addressing the following:

- why you feel this summer program is a good fit for you
 - what you hope to gain from participating in this program
 - what contribution you feel you can make to the program and the communities we visit
-

PROGRAM TUITION AND FINANCIAL ASSISTANCE:

Are you or someone you know able to pay for your tuition and travel for this program in full? ___yes / ___no

If no, what portion of the program are you or someone you know able to pay? _____

Do you wish to seek financial assistance for the remaining portion? _____

If yes, please attach a copy of your parent's/guardian's most recent tax return with this application.

I understand that if I am admitted to the World Ocean School Summer Program, the use and or abuse of alcohol, tobacco, and illegal drugs is prohibited by the U.S. Coast Guard and will not be tolerated during the program. I agree to be responsible in reporting such incidents either of my own or my fellow students to a crew member. I understand that if I participate in the use of any of the above I will be sent home immediately as well as incur any cost associated with early termination.

I give World Ocean School the right to contact the persons identified in this application and verify the accuracy of the statements made and the information given.

I have completed this application myself.

Signed: _____ Date: _____

Check List:

- ___ Completed Application
- ___ One personal reference form
- ___ Written essay
- ___ Completed medical form signed by physician
- ___ Signed release form
- ___ Parent/ Guardian Tax Return (if applicable)

**IF YOU NEED A
PASSPORT AND
THIS CAN TAKE UP
TO 8 WEEKS TO
PROCESS. PLEASE
ARRANGE FOR
THIS AS SOON AS
POSSIBLE.**



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Personal Reference Form—Applicant's Name: _____.

Reference Name: _____ Signature: _____

Relationship to applicant: _____ Date: _____

Tel.: () _____ Email: _____

As a reference, you should be a teacher, employer, coach or someone who has observed the applicant in a position of responsibility and can attest to his/her character and personality. You should not be a family member or peer.

A detailed recommendation from you, offering specific information about the accomplishments, qualifications, and suitability of the applicant will be helpful in determining if this student is a good fit for the summer program.

If accepted, this student will be living aboard a historic sailing ship for four weeks with 20 other people. They will be standing watches on deck, serving in the galley, practicing public speaking and ethical awareness, and participating in community service projects in coastal and island communities.

Please be candid in your assessment of the applicant's personal qualities as your views will be seriously considered. If necessary, feel free to use additional sheets of paper or attach this form to a letter. **Your honesty will not necessarily inhibit an applicant for being accepted but will flag areas that need improvement during the program.**

Below are a number of relevant considerations to the program. Please address as many of the following as possible, to the extent you feel qualified to do so.

Personal Qualities	Poor	Fair	Good	Excellent	Additional Comments
Ability to accept responsibility					
Initiative and tenacity					
Consideration of others					
Respect for others					
Reliability					
Reaction to adversity					
Respect for authority					
Openess to new ideas					
Leadership skills					
Acceptance by peers					
Self-care and hygiene					
Warmth of personality					
Personal Ethics					
Moral and Physical courage					



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Personal Qual. (cont.)	Poor	Fair	Good	Excellent	Additional Comments
Enthusiasm					
Sense of Humor					
Emotional maturity					
Self-confidence					
Self-discipline					
Integrity					

Work Habits	Poor	Fair	Good	Excellent	Additional Comments
Ability to follow directions					
Ability to complete tasks					
Commitment and focus					
Attitude during hardships					
Creativity and ability to resolve problems					

In your opinion, what is this applicant's greatest asset or strength?

In your opinion, what is this applicant's greatest weakness?

Please describe an event or specific incident that highlights the personality and character of the applicant.

Thank you for your time. Please send/email this completed form along with any additional attachments to:

World Ocean School
P.O. Box 701
Camden, ME 04843 U.S.A. – or – Email to: wos@worldoceanschool.org



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ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, AND AGREEMENT OF RELEASE AND INDEMNITY

The success of the program in which you (or son, daughter or ward) are participating depends to a large extent on good communication among all parties involved, including school and parents and guardians of students under 18 years of age. It is important to World Ocean School that you understand the nature of its programs and that you be informed regarding certain issues including risks and limitations of liability. Your signature below reflects certain understandings and, with respect to adult students and parents and guardians, certain agreements. The school, parent or guardian makes these agreements for himself or herself individually, and on behalf of the minor student. "I" and other first person references, below, are to the minor and adult student and to the school or parent or guardian unless indicated otherwise.

For and in consideration of being allowed to participate in the World Ocean School Program for which I (or my child or ward) have enrolled, I understand and agree as follows:

I am aware that certain risks and dangers may be encountered during the program in which I (or my child or ward) will be participating, offered by World Ocean School, its agents and associates. Some of these risks include, but are not limited to, the hazards of sailing aboard a traditionally rigged schooner along the eastern seaboard, launching - sailing and rowing the ship's dories, accidents or illnesses at sea distant from medical facilities; the unpredictable forces of nature; acts of terrorism, and travel by air, train, automobile, boat or other means of conveyance. These risks may result in the loss of property, personal injury, including emotional trauma, and in extreme cases even death.

I understand that members of the staff of World Ocean School have been available to answer any questions I might have regarding these or any other items which describe the World Ocean School program.

I acknowledge and assume the risks described above and all others associated with the activities in which I, or my students, child or my ward, will be participating and accept full responsibility for my, or the child's safety, personal property and well-being in encountering such risks.

As an adult student or, and as parent or guardian of a minor student, individually and on behalf of that minor student, I agree, to the fullest extent allowed by law as follows:

1) to release World Ocean School, its trustees, agents, representatives, officers, directors, employees, owners, independent contractors and all others associated with it, and the owners of properties on which World Ocean School activities may take place (the Released Parties), from any right, claim or cause of action which I, or the minor student may have for any injury, damage or loss to person or property arising from my (or the minor student's) enrollment or participation in any activity of World Ocean School. Such rights, claims or causes of action include those for personal injury, wrongful death, emotional trauma, property damage, products liability (including strict liability), breach of warranty or contract, or any other legal theory, except the gross negligence or intentional wrongs of World Ocean School.

2) to defend, hold harmless and indemnify World Ocean School and other Released Parties from any claim, and from any liability, loss damages or expenses (including attorneys' fees) resulting from a claim, including one brought by a fellow student, rescuer, a member of my, or the minor student's family, or any other person asserting a loss in any way related to my or the child's participation in the activities of World Ocean School.

3) I am aware that The World Ocean School is a charitable corporation located in Camden, County of Knox, Maine U.S.A. All matters relating to or arising out of or involving in any way my (or my student's son's, daughter's or ward's) relationship with World Ocean School shall be governed by the substantive laws of the State of Maine and any mediation or suit shall be filed only in the State of Maine. If a dispute with World Ocean School cannot be amicably resolved, I agree to submit the matter to mediation before a mutually agreeable mediator recognized by Maine courts, in an effort to avoid suit. I agree to pay all costs and attorneys' fees incurred by World Ocean School in defending a claim or suit if the claim or suit is withdrawn or to the extent a court determines that World Ocean School is not responsible for the claim, injury or loss.

If any part of this agreement is found to be invalid, the remainder of the agreement nevertheless shall be of full force and effect. The terms of this Acknowledgment and Assumption of Risks, and Release and Indemnity Agreement are binding upon me, my heirs, executors, administrators and all members of my family.

Please sign one of the below—whichever is appropriate to your position.

X _____
STUDENT SIGNATURE DATE

X _____
PARENT OR GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18) DATE

PRINTED NAME OF STUDENT (AND PARENT OR GUARDIAN IF STUDENT IS UNDER 18)



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Confidential Medical Record

INSTRUCTIONS

Please fully complete and have signed by your doctor or physician. We may require further evaluation by a physician in order for you to fully participate. If you choose to not proceed with the recommended follow-up, you may have the option of limited participation (based on our assessment of your medical constraints). Please return the form, regardless of what choice you make.

PART I: General Information

APPLICANT	
Name _____	Daytime Telephone # (_____) _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Evening Telephone # (_____) _____
Age _____ DOB ____/____/____ SS# ____-____-____	FAX # (_____) _____
Address _____ Apt. _____	email _____
City/State/Zip _____	Do you speak/understand English? Yes <input type="checkbox"/> No <input type="checkbox"/>
EMERGENCY CONTACT	PHYSICIAN
Name _____	Name _____
Relationship _____	Telephone # (_____) _____
Daytime Telephone # (_____) _____	FAX # (_____) _____
Evening Telephone # (_____) _____	email _____
INSURANCE INFORMATION	
Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance. Please answer the following questions for our insurance records:	
DO YOU HAVE INSURANCE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Company _____	Policy/Certificate # _____
Prescription Plan # _____	Telephone # (_____) _____

PART II Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE or...

Allergy	Reaction	Medication Required (if any)

B. Current Medications (Including psychiatric medication, over-the-counter medication, inhalers) NONE or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects



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PART III: Health Profile

#	Please <input type="checkbox"/> one--If yes, describe below	Y	N	#	Please <input type="checkbox"/> one--If yes, describe below	Y	N
1.	Seizure within the past 1 year			5.	Medical Device, e.g., hearing aid/prosthetic device		
2.	Hospitalization/Emergency Room/Urgent Care visit within the past 1 year			6.	Neck/Back/Shoulder/Knee /Ankle or other orthopedic problem		
3.	History heart attack, by-pass/angioplasty/angina			7.	Currently Pregnant		
4.	Other cardiac conditions, e.g., heart murmur or other rhythm abnormality			8.	Other medical issues/illnesses/symptoms/requirements		
#	Describe						
#	Describe						

PART IV: Cardiovascular Evaluation

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed high blood pressure, even if being controlled with medication
<input type="checkbox"/>	<input type="checkbox"/>	Smoker
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic requiring medication
<input type="checkbox"/>	<input type="checkbox"/>	Known abnormally high cholesterol level or on a diet or medication for a lipid abnormality
<input type="checkbox"/>	<input type="checkbox"/>	Family history (parent/sibling) of heart attack, coronary artery by-pass/angioplasty, or sudden, unexplained death before age 55
<input type="checkbox"/>	<input type="checkbox"/>	Unexplained chest pain/pressure, shortness of breath, heart palpitations, sweats/exertional dizziness/faint spells

PART V: Signature Required

All information will remain confidential. Participants with a variety of medical/psychological difficulties can successfully work for our program, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

I will be working aboard the schooner Roseway for the World Ocean School and I give permission for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary.

_____ / / _____
 Applicant's Signature Date

_____ / / _____
 Parent/Guardian Signature (if applicant is under 18 years of age) Date

I attest that this individual has had a thorough examination and that the information provided in this form is true and correct.

_____ date
 Physician Signature