



2012 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 1, 2012

(NOTE: Priority Scholarship Application deadline January 1, 2012)

July 14-August 2, 2012
 Boston to Nova Scotia

Application for Admission

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 / understand English? _____ Can you Swim? _____ Do you have a current passport? _____

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 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: \$3,500 per student (does not include travel)

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

If no, please complete the scholarship application and attach a copy of your parent/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
- ___ Signed release form
- ___ Current Passport – if you do not already have one you should apply right away. **YOU WILL BE REQUIRED TO HAVE A CURRENT PASSPORT FOR THIS TRIP.**
- ___ Completed medical form signed by physician. Physical examination must take place within 6 months of travel. World Ocean School must have completed and signed form one month before travel date. It is the parent or guardians' responsibility to state all medications that will be taken by the student on the medical form and send enough medication with the student for the duration of the program. Any information pertinent to the student's welfare must be provided on the form. If student's medical status changes prior to departure, an updated medical information is required.
- ___ Scholarship Application (if applicable) – deadline: Jan 1, 2012

Cost of Program is \$3,800 (US). Upon acceptance, a %50 deposit is due. The balance is due one week before the start of the program.



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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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World Ocean School Medical Form PART I General Information

Applicant Name _____ Address _____

Gender Male Female City/State/Zip _____

Age _____ DOB ____/____/____

Height _____ ft. _____ ins. Daytime Telephone # (____) _____

Weight _____ lbs. Evening Telephone # (____) _____

Email _____ Social Security # _____ - _____ - _____

<p>Emergency Contact</p> <p>Name _____</p> <p>Relationship _____</p> <p>Daytime Telephone # (____) _____</p> <p>Evening Telephone # (____) _____</p> <p>Cell Phone # (____) _____</p>	<p>Physician</p> <p>Name _____</p> <p>Telephone # (____) _____</p> <p>FAX # (____) _____</p> <p>Do you speak/understand English?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Insurance Information *Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance. Please attach a photocopy of both the front and back of your insurance card.*

The following questions must be answered for our records: **DO YOU HAVE INSURANCE?** Yes No

Insurance Company _____ Policy/Certificate # _____

Prescription Plan # _____ Telephone # (____) _____

Signature Required

Consent is hereby given for the applicant to attend a World Ocean School program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which may become necessary.

All information will remain confidential. You should know that a student with a variety of medical/psychological difficulties can successfully complete our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow students.

Physician's Signature Date _____

Applicant's Signature Date _____



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PART II Participant History: Past/Present Medical Problems

A. Conditions and Symptoms *(Please FILL in EVERY blank!)*

#	Condition	Y	N	#	Condition	Y	N	#	Condition	Y	N
1	High Blood Pressure			24	Frostbite			47	Ankle Problem		
2	Heart Disease			25	Circulation Problems			48	Leg Problem		
3	Heart Murmur			26	Bedwetting			49	Foot Problem		
4	Irregular Heartbeat			27	Headaches			50	Currently Pregnant		
5	Family history of heart attack			28	Head injury with neurological impairment			51	Medical Equipment/ Devices		
6	Tuberculosis			29	Stomach Ulcers			52	Learning Disability		
7	Recent Exposure to TB			30	Intestinal Problems			53	Special Diet		
8	Positive TB test			31	Heatstroke			54	Unexpected Wght Loss		
9	Active Hepatitis			32	Bladder Infection			55	Other		
10	History of Hepatitis			33	Difficulty Urinating			Do you currently or regularly have any of the following symptoms?			
11	Seizure Disorder/Epilepsy			34	Kidney Problems						
12	Seizure w/in past year			35	Thyroid Problems			56	Chest Pain/Pressure		
13	Bleeding Disorder			36	Endocrine Problems			57	Heart Palpitations		
14	Blood Disorder/Anemia/Sickle Cell Trait			37	Hearing Impairment			58	Frequent Shortness of Breath		
15	Chronic Cough			38	Vision Impairment			59	Unexplained Sweating		
16	Recurrent Lung Infections			39	Motion Sickness			60	Frequent Dizziness		
17	Asthma			40	Sleep Walking			61	Frequent Fainting		
18	Diabetes			41	Broken Bones			62	Heartburn		
19	Hypoglycemia (↓blood sugar)			42	Neck Problem			63	Muscle Cramps		
20	Anorexia Nervosa			43	Back Problem			64	Intolerance to Warm or		
21	Bulimia			44	Arm Problem			65	Cold Temperatures		
22	Cancer			45	Shoulder Problem			66	PMS/Menstrual Problems		
23	Skin Problem			46	Knee Problem			67	Other		

If you have answered “yes” to any of the above items, please explain below. Include the following:

- Specific symptoms that are occurring
- How long symptom/condition lasts
- Date of last occurrence
- How often symptom/condition occurs
- How you care for symptom/condition
- How symptom/condition restricts your activity in any way, including your ability to run, lift, and climb



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D. Immunization

World Ocean School recommends that all of its participants have a current tetanus immunization (w/in 10 years).

E. Hospitalizations/Emergencies/Urgent Care **PLEASE PRINT CLEARLY**

NONE or... please list any hospital, emergency department, or urgent care visits within the past 2 years

Date of Visit/Admittance	Reason	Length of Stay

F. Swimming Ability (Check One)

- Non-Swimmer
- Cannot swim more than 100 yards
- Moderate Swimmer
- Strong Swimmer
- Current Lifesaving Certificate

G. Blood Pressure (Must be taken within 6 months of voyage departure)

Blood Pressure _____ / _____ IF BP is over 150/90, please take a second reading:

Date Taken _____

Second Reading _____ / _____ Date Taken _____ / _____