



SPRING LEADERSHIP PROGRAM COLLIER COUNTY SCHOOLS

FLORIDA KEYS SAILING; March 10 - 17, 2019

APPLICATION

I. Please complete the following information and return to:

Jeanette Arcia, Collier County Schools, arciaje@collierschools.com

DEADLINE: January 25, 2019

II. **Student Name:** _____ **School:** _____

III. Student email: _____ cell phone: _____

IV. Parent name: _____ email: _____ phone: _____

V. Please submit at least one letter of recommendation (up to two) with your application. These letters should be from people that can attest to your spirit of adventure and eagerness to be challenged. Letter can be from a teacher, coach or school administrator who is familiar with you. The second letter can be from a family friend.

Please name the individual(s) writing letters of recommendation:

1. _____ email: _____

2. _____ email: _____

Please tell us a little about yourself by filling in the space below:

Hobbies & Interests: _____

Community Service: _____

Volunteer Activities: _____

School Activities: _____

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Athletic Activities: _____

Work Experience: _____

Awards & Honors: _____

Personal Comments: _____



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- I have attended Outward Bound before. If so, where and when? _____
- I have not attended Outward Bound before.

1. What three things about this course would you most look forward to if you were accepted in to the program?
You can refer to the Spring Leadership Course Page for the Course Overview:
<https://www.hiobs.org/forms/36/collier-county-schools/>

2. Please list five words that describe you.

3. Why are you interested in attending Outward Bound? (If taking this course is not your idea, please explain whose idea it is and why.)

4. What do you expect to be the most difficult aspect of the course for you?

5. What are your personal goals for the course?

6. What are you doing now to prepare for your course both mentally and physically?

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7. Many people underestimate how difficult a course can be—physically, mentally and socially. What will be your motivation to not give up and to keep pushing on when the course gets hard?

8. Is there anything worrying you or that you think would make you need to leave the course early (medical condition, injury, etc.)?

9. On a scale of 1 to 10, how motivated are you to complete your course successfully? (Please check one.)

(I'm not motivated at all.)

(I'm eager for the challenge!)

1

2

3

4

5

6

7

8

9

10

10. How are you feeling about attending? (For example, are you: Really excited? Nervous but ready? Angry because it isn't your idea?) Please tell us in your own words.

11. Do you have other questions about your course (typical day, clothing list, activities, feeling unsure) that you would like to speak to your course advisor about?

12. Do you have any special dietary needs? If so, please check the box and give more details...

Vegan

Vegetarian

Gluten Intolerance or Sensitivity

Lactose Intolerance

Other



**HURRICANE ISLAND
OUTWARD BOUND SCHOOL**

SPRING LEADERSHIP PROGRAM COLLIER COUNTY SCHOOLS

FLORIDA KEYS SAILING; March 10 - 17, 2019

LETTER OF RECOMMENDATION:

Student name: _____ **School:** _____

Please submit at least one letter of recommendation (up to two) with your application. These letters should be from people that can attest to your spirit of adventure and eagerness to be challenged. The letter can be from a teacher, coach or school administrator who is familiar with you. The second letter can be from a family friend. Return to: Jeannette Arcia @ arciaje@collierschools.com by January 25, 2019



PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER _____ START DATE _____

APPLICANT

Name: _____ Title: Dr. Mr. Mrs. Ms. Miss Other _____
Address: _____ Age at Program Start: _____ DOB: _____
City/State/Zip: _____ Height: _____ ft. _____ in. Weight: _____ lbs.
Home Phone: _____ Sex: Male Female Intersex
Cell Phone: _____ Gender: Male Female Non-Binary Transgender
E-mail: _____ Occupation: _____

Parent/Custodial Guardian 1 (if applicant is under 21)

Name: _____
Title: Dr. Mr. Mrs. Ms. Miss Other _____
Relationship to Applicant: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Occupation: _____

Parent/Custodial Guardian 2 (if applicant is under 21)

Name: _____
Title: Dr. Mr. Mrs. Ms. Miss Other _____
Relationship to Applicant: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under 21)

Name: _____ Relationship to Applicant: _____
Home Phone: _____ Cell: _____
Email Address: _____ Work Phone: _____

Ethnicity (optional)

- Asian Caucasian (Non-Hispanic) American Indian/Alaskan Native
Multi-Ethnic Native Hawaiian or Pacific Islander Unknown
Hispanic or Latino African American Other: _____

Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you (or your child) and fellow students. If you (or your child) arrive at the program start with a preexisting medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and will not receive a refund of tuition.

SIGNATURE REQUIRED I understand the above paragraph and agree to its terms. Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.

Applicant's Signature: _____ Date _____

Parent's/Guardian's Signature: _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II APPLICANT MEDICAL HISTORY: PAST AND PRESENT

A. MEDICAL CONDITIONS

Do any of the following apply to you? If YES check the box next to the item and provide detail in the spaces 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
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
High Blood Pressure	_____
Heart Disease	_____
Heart Murmur	_____
Irregular Heartbeat/Palpitations	_____
Chest Pain/Pressure	_____
Circulation Problems	_____
Frostbite	_____
Heatstroke	_____
Frequent Dizziness/Fainting	_____
History of Altitude Sickness	_____
Severe Headaches/Migraines	_____
Head Injury w/Neurological Impairment	_____
Tuberculosis/Positive TB test	_____
Asthma or COPD	_____
Active or History of Hepatitis	_____
Lyme Disease	_____
Seizure Disorder/Epilepsy	_____
Seizure within past 6 months	_____
Bleeding/Blood Disorder	_____
Sickle Cell Anemia	_____
Sickle Cell Trait	_____
Hypoglycemia (low blood sugar)	_____
Diabetes	_____
Cancer	_____
Thyroid Problems	_____
Gastro-intestinal Problems	_____
Special Diet	_____
Food Allergies	_____
Kidney Problems	_____
Urinary Tract Problems	_____
Bedwetting	_____
Orthopedic Problems	_____
Broken Bones within past year	_____
Hearing Impairment	_____
Vision Impairment	_____
Skin Problem	_____
Motion Sickness	_____
Sleep Walking	_____
PMS/Menstrual Problems (severe)	_____
Currently Pregnant	_____
Medical Equipment/Devices	_____
Other	_____

B. **ALLERGIES** Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	Reaction List Below	Medication Required If Any

C. **MEDICATIONS YOU ARE CURRENTLY TAKING** If psychiatric medication, *please list any medications taken or changed within the past 3 months*. Also, list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects	Expiration Date

NOTE: If you are taking prescription medications, you **MUST** bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician’s dosage directions. If possible, bring a double supply. *Any changes to the above noted medications or dosages prior to course must be shared with Outward Bound as soon as possible.*

D. **HOSPITALIZATIONS/EMERGENCIES** Please list any hospital, psychiatric, or urgent care visits within the past year.

Date of Visit/Admittance	Reason	Length of Stay

E. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)
 Blood pressure may be taken with apparatus at a local grocery or drug store.

F. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years)

PART III APPLICANT PSYCHIATRIC AND MENTAL HEALTH HISTORY

G. PSYCHIATRIC AND MENTAL HEALTH CONDITIONS Within the past year.

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below.

- | | |
|----------------------------|--------------------------------------|
| ADHD | Autism Spectrum Disorder |
| Anxiety Disorder | Bipolar Disorder |
| Depressive Disorder | Disruptive and Conduct Disorder |
| Eating Disorder | Intellectual Disability |
| Learning Disability | Obsessive Compulsive Disorder |
| Personality Disorder | Schizophrenia Spectrum Disorder |
| Substance Related Disorder | Trauma and Stressor Related Disorder |
| Other: | |

Describe: _____

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide detail on the spaces below.

- | | |
|------------------------|-----------------------------|
| Medication(s) | Residential Treatment |
| Out Patient Counseling | Psychiatric Hospitalization |
| Day Treatment | |

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician

Prescribing Physician Name: _____	Therapist Name: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
E-mail: _____	E-mail: _____

PART IV APPLICANT PERSONAL HISTORY

H. LIFESTYLE

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below. Include dates, amounts, reasons, etc.

- Do you use alcohol? _____
- Do you use tobacco or nicotine products? _____
- Do you use recreational drugs or marijuana? _____
- Do you have a history or current problem with substance abuse or dependency? _____
- Have you been suspended or expelled from school in the past year? _____
- Have you been on probation or had any involvement with the justice system? _____

I. CURRENT PHYSICAL ACTIVITY List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program.

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

J. SWIMMING ABILITY (CHECK ONE)

- Non-Swimmer Weak Swimmer Moderate Swimmer Strong Swimmer

COMMITMENT TO EXCELLENCE (to be filled out by the applicant)

I, _____, understand that the principles of the HIOBS Commitment to Excellence are reasonable, necessary and non-negotiable. I agree to learn the skills needed to contribute to the progress of the whole group, and play a positive role in the experience of others. Therefore, I will:

- Engage each day as a full participant and meet challenges with my best efforts, make honest mistakes and learn from them.
- Follow all physical and emotional safety requirements and environmental practices as explained by the instructors.
- Take responsibility for my self-care, and refrain from all use of drugs (other than prescriptions pre-approved by HIOBS), alcohol, and tobacco/nicotine.
- Speak and act respectfully and safely, refrain from derogatory language and harassment, verbal or physical violence.
- Be inclusive and accepting of others, refraining from all socially exclusive relationships, cliques, or sexual/romantic relationships.

EXPULSION/EARLY DEPARTURE POLICY

We strive to support all students to successfully complete our courses. Our instructors help students push past doubt, and seek to resolve any issues that seem to be preventing students from fully engaging. However, we do not keep students on course against their will. If a student is not willing to fully participate, follow instructions or abide by the Commitment to Excellence, then for the safety and quality of the course, that student will be expelled and parents or the school will be required to arrange for their child's travel home.

I, _____, understand that if I misrepresent or do not disclose essential medical information, choose to leave for any reason, or am expelled from course, I am also that I will be held responsible for the evacuation costs. I understand that expulsion will result if I am:

- Unwilling, unmotivated, or insufficiently fit to participate in course activities;
- Unable or unwilling to adapt to the physical and interpersonal rigors of the expedition;
- Posing a danger to myself or others through misconduct or unsafe practices;
- Defiant, harassing, or otherwise compromising the emotional or physical safety of others;
- Using alcohol, drugs (including misuse of prescription drugs) or tobacco/nicotine; or
- Engaging in sexual activity

I have read the above and, without undue influences from others, agree to all the terms of the Commitment to Excellence, and I understand the Expulsion/Early Departure Policy.

Participant Signature: _____

Participant must sign.

Date: _____

Parent/Guardian Signature: _____

If participant is under the age of 21 at the time this document is signed, a parent or legal guardian must sign.

Date: _____

OUTWARD BOUND
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and
LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Hurricane Island Outward Bound School Inc., and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, (collectively referred to as “OB”), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant’s safety, for managing the risks, and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child’s) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child’s) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB’s supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child’s) participation, including but not limited to decisions regarding my (or my child’s) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child’s) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child’s) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under

