Application For Summer Immersion 2018
Please print, complete and mail to: OCIWorld, PO Box 653, Niwot, CO 80544

PERSONAL INFORMATION

STUDENT NAME
FIRST NAME

MIDDLE NAME

LAST NAME

PREFERRED NAME

HOW DID YOU HEAR ABOUT OCIWorld?

YOUR HOME ADDRESS
MAILING ADDRESS LINE 1

MAILING ADDRESS LINE 2

CITY STATE ZIP CODE

STUDENT HOME PHONE STUDENT CELL PHONE
DATE OF BIRTH (MM/DD/YYYY)

YEAR IN SCHOOL:  □ 7th Grade  □ 8th Grade  □ Freshman  □ Sophomore  □ Junior  □ Senior

AGE AT START OF COURSE:

I IDENTIFY MY GENDER AS:  □ Male  □ Female  □ LGBTQ  □ I prefer not to disclose

MORE INFORMATION IF YOU WISH:

PASSPORT INFORMATION

DO YOU HAVE A VALID PASSPORT?

□ Yes  □ No

We will ask for additional passport information at a later date.

SCHOOL INFORMATION

SCHOOL NAME

SCHOOL ADDRESS

SCHOOL ADDRESS LINE 2

CITY  STATE  ZIP

SPANISH LANGUAGE PROFICIENCY

□ Beginner  □ Intermediate (Spanish II)  □ Advanced (Beyond Spanish II)  □ Superior (Fluent)
**GUARDIAN INFORMATION**

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<tr>
<td><strong>GUARDIAN 1'S FIRST NAME</strong></td>
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**ENTER YOUR MEDICAL HISTORY INFORMATION**

Do you currently do any sports/other physical activities? What kinds of activities, and how often?

What is your swimming ability?

- [ ] Non-swimmer
- [ ] Recreational
- [ ] Competitive

Can you tread water for 5 minutes without a life vest?

- [ ] Yes
- [ ] No
HAVE YOU EXPERIENCED ANY OF THE FOLLOWING ISSUES? (IF YES, PLEASE EXPLAIN)

☐ Respiratory Illness/Pneumonia ☐ Asthma

☐ Circulatory problems ☐ High blood pressure or heart disease

☐ Muscular injuries ☐ Joint injuries

☐ Orthopedic (Skeletal) ☐ Accidents or chronic injuries (within the last 3 years?)

☐ None of the above

DETAILS:

☐ Yes ☐ No DOES YOUR HEALTH PREVENT YOU FROM PARTICIPATING IN ANY PHYSICAL ACTIVITIES?

☐ Yes ☐ No DO YOU EXPERIENCE MIGRAINES?

☐ Yes ☐ No HAVE YOU EVER HAD A SEIZURE?

IF YES, PLEASE EXPLAIN. DATES? REASONS?
DIETARY INFORMATION

DO YOU REQUIRE ANY SPECIAL DIET?

☑ Vegetarian (eggs & dairy ok)

☑ Vegetarian (eggs, dairy & fish ok)

☑ No Red Meat

☑ Vegan

☑ Lactose Intolerant

☑ Other

☑ No

SPECIFY OTHER DIET RESTRICTIONS

ARE YOU ALLERGIC TO ANYTHING? (FOODS, INSECT BITES, STINGS MEDICATIONS)

☑ Foods (explain):

☑ Insect bites or stings (explain):

☑ Medications (explain):

☑ Other

☑ None of the above
SPECIFY FOOD ALLERGIES:

SPECIFY INSECT BITES OR STING ALLERGIES:

SPECIFY MEDICATION ALLERGIES:

SPECIFY OTHER ALLERGIES:

REFERENCE

(Our instructors wish to accommodate all learning styles and personalities. We appreciate the insight that a close mentor can provide. Once you submit this application, your reference will receive an email with a short student reference form).

NAME OF TEACHER/COACH & EMAIL:
PLEASE SELECT A NUMBER RATING THAT REFLECTS YOUR INTEREST IN EACH OF THE PROGRAM COMPONENTS LISTED BELOW. (TEN INDICATES "MOST IMPORTANT" AND ONE INDICATES "LEAST IMPORTANT.")

FINDING YOURSELF IN A NEW COUNTRY AND EXPERIENCING ANOTHER CULTURE

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

ADVENTURING AND WILDERNESS EXPLORATION

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

SERVICE-LEARNING PROJECTS

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

LEARNING ABOUT GLOBAL ISSUES

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

WORKING INDEPENDENTLY, ON AN INDEPENDENT STUDY PROJECT, OR INTERNSHIP

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

LANGUAGE STUDY

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important
LEARNING THROUGH EXPERIENCE

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

LEARNING THROUGH MORE TRADITIONAL ACADEMIC MODELS (LECTURES, CLASSES, ETC.)

10 - Most Important  9  8  7  6  5  4  3  2  1 - Not Important

PLEASE ANSWER THE FOLLOWING QUESTIONS. (This is not a test! We just want to get to know you! Feel free to use a separate piece of paper.)

OCIWorld’s PROGRAM IS BUILT AROUND THE IDEA OF COMMUNITY. HOW DO YOU FEEL ABOUT TRAVELING WITH A SMALL GROUP OF STUDENTS AND 3 INSTRUCTORS FOR AN EXTENDED PERIOD OF TIME? HOW DO YOU GENERALLY PARTICIPATE IN A GROUP SETTING?

PLEASE TELL US ABOUT ANY EXPERIENCE YOU’VE HAD THAT MAY HAVE PREPARED YOU FOR THIS TRIP (E.G. OTHER TRIPS, CLASSES, HOBBIES AND INTERESTS)?

WHAT ASPECT(S) OF THE PROGRAM ARE THE MOST APPEALING TO YOU? WHAT ASPECT(S) OF THE COURSE DO YOU THINK WILL CHALLENGE YOU THE MOST?

FAST FORWARD A YEAR FROM NOW. WHEN YOUR FRIENDS AND FAMILY ASK YOU ABOUT YOUR PROGRAM, WHAT WOULD MAKE YOU SAY THIS WAS ONE OF THE BEST EXPERIENCES YOU’VE EVER HAD?