

application for returning students

on-water



_____ / ____ / _____
first name mddl. initial last name birthdate

_____ apt #
street address

_____ state _____ zip
city

_____ name of parent or guardian

_____ grade _____ age
school

_____ name of advisor name of guidance counselor

(_____) (_____) (_____) (_____) _____
home phone # student cell # parent's cell # parent's work phone #

Please answer the following questions. There are **no** wrong answers, so please answer honestly.
If you do not feel you are able to answer a question, please explain why.

Describe something you are looking forward to about being part of the On-Water program. Why are you interested in coming back to Rocking the Boat?

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What do you think will be the most challenging part of this job?

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What have you learned at Rocking the Boat that will help you in working in the On-Water Program?

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