

# GERONIMO

## APPLICATION for Summer GERONIMO Programs

Please indicate what dates you are interested in? \_\_\_\_\_

Name \_\_\_\_\_ Sex  Male  Female

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

\_\_\_\_\_

Father's Phone \_\_\_\_\_ Mother's Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Check if appropriate:  Father deceased  Mother deceased  Parents divorced  Parents separated

All Correspondence should be sent to: \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Age at Start of Trip \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### REFERENCES (List two adults –Teacher, Coach, Advisor – to be contacted as a reference.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail (or address) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail (or address) \_\_\_\_\_

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# GERONIMO

Please rate your swimming ability:    non-swimmer    Poor    Average    Excellent

Please describe your sailing experience, if any:

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If you have previously been involved in any field study of a scientific nature please describe it here:

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Describe briefly what effect you expect the GERONIMO Program might have on you.

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How might you contribute to the program's success?

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How did you hear about the Geronimo Program? \_\_\_\_\_

All applicants must understand that all crewmembers selected must be able to meet the demands of living on a boat in close quarters and of handling the conditions and circumstances that arise on a sailing vessel at sea. Submission of an application indicates that the person interested is well aware of these challenges Applicants should notify the program office if there are any special circumstances in this regard. All crewmembers must recognize that St. George's School's rules (pertaining to the use of tobacco, alcohol, or any controlled substance) apply to them while they are involved in the GERONIMO Program.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

Please return this form to: GERONIMO Office

St. George's School  
P.O. Box 1910  
Newport, RI 02840-0190

