



Member Application

Please send completed applications to Jeannine Curley at mjeanninecurley@gmail.com or mail to:
Opening the World, 636 Lindaro Street, Suite 1, San Rafael, CA 94901.

General Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile: _____ E-mail: _____

Race/Ethnicity: _____ Gender: _____

OTW Program Interests

There are many components of the OTW program from monthly volunteer work, fundraising activities, writing classes, tutoring support to skills development, job support, leadership development and travel. Travelers and non-travelers join our community and participate in events and activities. Which program are you interested in applying for? _____ **Travel** _____ **Non-travel**

Education/Work

Have you graduated from high school? ___ YES ___ NO

If no, when is your expected graduation date? _____

OR, do you have your: ___ GED ___ CHESPEE ___ OTHER: _____ OR, what is your highest level of HS education? ___ Freshman ___ Sophomore ___ Junior ___ Senior

Are you enrolled in a College/University? ___ YES ___ NO

Which one? _____

What is your status as a student? ___ Full-time ___ Part-time

When is your expected graduation date? _____

Are you currently working? ___ Full-time ___ Part-time If so, where?

Medical History *Please use additional paper if needed.*

1. Do you have health insurance? ___ YES ___ NO What type of health insurance do you have?

2. Do you have any known medical or physical conditions or allergies?

3. Are you currently taking any over the counter medication, prescribed medication, or are you using any type of drugs (including recreational use, medical marijuana card)? If so, what and why? *Be Honest! This will not negatively impact your application.*

4. Do you have any known fears or phobias? (Ex., Are you afraid of animals, bugs, being alone, claustrophobia, heights, dirty places, traveling on a plane?)

Personal History

Please write a few paragraphs for each of the following questions. Do not worry about grammar or punctuation, we will only be reading for content. *Please use additional paper if needed.*

1. What is the biggest obstacle you've had to overcome in your life? What did you learn from it? How did you persevere?

2. Please share at least two goals you have in life and how you hope to achieve them.

3. What do you think you can bring to the OTW community?

4. Do you have any special skills or character traits that you think increase your potential to contribute?

5. Describe an aspect of your identity (i.e., culture, country, nationality, ethnicity, race, gender, physical ability or sexual orientation) that is important to you?

6. Have you had any contact with the police? If so, when and what was your contact about?

7. Have you had any contact with child protective services? If so, when and what was your contact about?

8. If you are applying for the travel component of OTW program, why do you want to go on this trip? How do you feel a trip like this will impact you and your life? What do you hope to gain from this experience?

Support System

Please answer the following questions on a scale from 1 to 5 (1 being “not at all” and 5 “being all of the time”) on the following questions:

1. Do you feel depressed or sad a few times a month? _____
2. Do you feel anxious a few times a month? _____
3. Do you feel angry a few times a month? _____
4. Do you feel frustrated or irritated with yourself/others? _____
5. Do you feel hopeless about your future? _____

Can you provide three ways you self-soothe (i.e., exercising, journal writing, drawing, yoga, meditating, etc.)

1. _____
2. _____
3. _____

Who do you go to when you need to talk? Can you list 3 to 5 people? If not, who are some people you may be able to approach if you had a deeper connection?

1. _____
2. _____
3. _____
4. _____
5. _____

Travel History

1. Have you ever traveled outside of Marin County? If so, where have you been?

2. Have you traveled by plane? ___ YES ___ NO

3. What is the longest amount of time you have been away from home?

4. When you have traveled, whom did you travel with (friend, family, church)?

Participation Requirements

1. It is mandatory that everyone participates in fundraising activities 1 – 2 times a month. Are you willing and able to do this? ___ YES ___ NO
2. It is mandatory that participants attend OTW member meetings twice a month (half the year for non-travelers and the entire year for travelers). Are you willing and able to do this? ___ YES ___ NO
3. It is mandatory to do community service. Are you willing and able to do this? ___ YES ___ NO
4. Do you see yourself as an active person?* ___ YES ___ NO

**We ask because this program requires a lot of physical activity.*

5. What physical activities do you like to participate in?

6. Are you willing and able to participate in group outings and activities that may be physical in nature, at least once a month?* ___ YES ___ NO

**Exercise and activities will get your body accustomed to the high level of movement that will be required during the trip.*

Additional Information (Please use additional paper if needed.)

1. What concerns and questions do you or your parents have?

2. Do your parents support your interest in this program?

Please share with us any additional information that you feel would help us know you better or that we should consider when reviewing your application.

We appreciate your interest in our program! Thank you for your application.