

## Blue Water Surrender, Inc.

P O Box 439, Tavernier, FL 33070-0439. Register # Ch 18117.

Helping those in need to navigate troubled waters

## MISSION APPLICATION

Applicant's Name			Phone
Birthdate	_Gender	Marital status	Children
Address			Email
			Visas to
How did you hear about	.us?		
Type of program []-one	week, []-	two weeks, []-othe	r
Skills: []-construction [	]-teaching	[]-languages spoker	l
[ ]-music	[ ]-art	[ ]-spi	ritual gift(s)
Are you athletic? [ ]-very [ ]-somewhat [ ]-non-athletic Disabilities			
Swim: []-avid []-intern	ned. []-begi	nner []-cannot swi	m. Certification: []-CPR []-Red Cross []-Scuba
What activities do you e	enjoy?		
			directions?
and get approval. See	also <u>http://t</u> your destir sted plan at	travel.state.gov/cor nation. Travel insura : http://www.missi	e any concerns please check with your doctor atent/passports/en/country.html for ance for health and accident is mandatory.ontripinsurance.com  D ALCOHOL-FREE ZONE
Do you have any health	problems?		
Are you under medical	care or supe	rvision? Dr. na	me/number
Allergies?	<u> </u>	Dietar	y restrictions?
Health Ins. with		Phone	Pol #
Emergency contact: Name			Relationship
Phone	Email		
Second emerg. contact: Name			Relationship
Phone	Email		
BOARD:			