

# Opening the World Program Year Application

Applications are being accepted August 1- mid-September. Interviews will take place the last two weeks of September. You must be willing to participate in our annual Fall retreat and if you wish to be considered for the trip, available the first weekend in November for the annual dinner auction (Friday evening and all day Saturday).

Fill this application out here online or print the application from the website, fill it out and submit by email ([Jeannine@openingtheworld.org](mailto:Jeannine@openingtheworld.org)), mail or hand delivery to:

Opening the World  
824 5th Avenue, Suite A  
San Rafael, CA 94901

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\* Indicates required question

1. Email \*

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2. Today's Date \*

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*Example: January 7, 2019*

## General Applicant Information

3. First Name \*

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4. Middle Name

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5. Last Name \*

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6. Date of Birth \*

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*Example: January 7, 2019*

7. Street Address \*

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8. City \*

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9. State \*

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10. Zip Code \*

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11. Mobile \*

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12. Gender

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13. Race/Ethnicity

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14. Languages Spoken

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## OTW Program Interests

There are many components of the OTW program from volunteer work, fundraising activities, educational classes, tutoring support to skills development, job support, counseling, leadership development and travel. Travelers and non-travelers join our community and participate in events and activities.

15. Which component(s) of our program interest you? \*

*Check all that apply.*

- Peer Community
- Peer Support
- Peer Bonding Activities
- Educational Classes (i.e., writing, managing your finances, how to become an entrepreneur)
- Tutoring and Skills Development
- Career Development/Support
- Leadership Development
- Local Volunteer Work/Community Service
- Travel - annual national or international Community Service and Educational Trips
- Counseling Services - individual or group therapy
- Other: \_\_\_\_\_

## Education & Work

16. Have you graduated from high school

*Mark only one oval.*

- Yes
- No

17. If no, when is your expected graduation date?

\_\_\_\_\_  
*Example: January 7, 2019*

18. OR, do you have your...?

*Mark only one oval.*

GED

CHESPEE

Other: \_\_\_\_\_

19. OR, what is your highest level of high school education?

*Mark only one oval.*

Freshman

Sophomore

Junior

Senior

20. Are you enrolled in a College/University?

*Mark only one oval.*

Yes

No

21. If so, which one?

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22. What is your status as a college/university student?

*Mark only one oval.*

Full-time

Part-time

23. When is your expected graduation date?

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*Example: January 7, 2019*

24. Are you currently working?

*Mark only one oval.*

Full-time

Part-time

25. If so, where do you work?

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### Medical History

26. Do you have health insurance?

*Mark only one oval.*

Yes

No

27. If so, what type of health insurance do you have?

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

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29. 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.

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30. Do you have any known fears or phobias?

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

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### 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.

31. What is the biggest obstacle you've had to overcome in your life?

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32. What did you learn from it?

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33. How did you persevere?

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

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

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

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

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38. Have you had any contact with the police? If so, when and what was your contact about? Again, please be honest. This information will not harm your chances of being accepted.

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

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40. If you are applying for the travel component of OTW program, why do you want to go on this trip?

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41. How do you feel a trip like this will impact you and your life?

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42. What do you hope to gain from this experience?

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43. Do you feel depressed or sad a few times a month?

Mark only one oval.

Not at All

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1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

5

\_\_\_\_\_

All the Time

\_\_\_\_\_

44. Do you feel anxious a few times a month?

Mark only one oval.

Not at All

\_\_\_\_\_

1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

5

\_\_\_\_\_

All the Time

\_\_\_\_\_

45. Do you feel angry a few times a month?

Mark only one oval.

Not at All

\_\_\_\_\_

1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

5

\_\_\_\_\_

All the Time

\_\_\_\_\_

46. Do you feel frustrated or irritated with yourself/others?

Mark only one oval.

Not at All

\_\_\_\_\_

1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

5

\_\_\_\_\_

All the Time

\_\_\_\_\_

47. Do you feel hopeless about your future?

Mark only one oval.

Not at All

\_\_\_\_\_

1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

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All the Time

\_\_\_\_\_

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

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49. 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?

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## Travel History

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

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51. Have you traveled by plane?

*Mark only one oval.*

Yes

No

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

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

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## Participation Requirements

54. It is mandatory that everyone participates in fundraising activities routinely. Are you willing and able to do this?

*Mark only one oval.*

Yes

No

55. 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?

*Mark only one oval.*

Yes

No

56. It is mandatory to do community service. Are you willing and able to do this?

*Mark only one oval.*

Yes

No

57. Do you see yourself as an active person?

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

*Mark only one oval.*

Yes

No

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

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59. Are you willing and able to participate in group outings and activities that may be physical in nature, at least once a month?\*

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

*Mark only one oval.*

Yes

No

#### Additional Information

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

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

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62. 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.

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