



Teva Adventure/NOLS Program Application

Choose one of the following Teva Adventure Program with NOLS (Please check one yellow box)

<input type="checkbox"/>	Rocky Mountain Teen Adventure: Girls (ages 14 - 17)	June 27 – July 25, 2005	\$ 5250
<input type="checkbox"/>	Rocky Mountain Teen Adventure: Boys (ages 14 - 17)	June 27 – July 25, 2005	\$ 5250
<input type="checkbox"/>	Alaska Teen Wilderness Experience: Boys (ages 16 – 19)	June 27 – July 28, 2005	\$ 5550

Applicant's Personal Information (Please check one yellow box & fill out all the green squares that apply to you)

Name		Social Security No.		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Permanent Address Send information to this address → <input type="checkbox"/>			Temporary Address Send information to this address → <input type="checkbox"/>		
Street	Street				
City	State	City	State		
Country	Zip	Country	Zip		
Permanent Phone No.	Temporary Phone No.				
E-mail	Address good from: / / to / /				
Birthdate (mo/date/year)	Age	Height (feet)	Weight (pounds)		

Education & Work History

Elementary/JR High School	Currently enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School	Currently enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Level to be completed by June 05	<input type="checkbox"/> 8 th Grade	<input type="checkbox"/> H.S. _____ (Grade)	<input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> Other _____
Activities				

Parent or Guardian Information (Required for Teen & College Students)

Mother's Name		Father's Name	
<input type="checkbox"/>	Check box if the mother's address is the same as the student's permanent address, if not fill out the information below.	<input type="checkbox"/>	Check box if the father's address is the same as the student's permanent address, if not fill out the information below.
Street		Street	
City	State	City	State
Country	Zip	Country	Zip
Phone (Day)	(Eve)	Phone (Day)	(Eve)
E-mail	Cell phone	E-mail	Cell phone
Occupation	Occupation		
Employer	Employer		

Title		Title	
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References* (Please provide contact information for two individuals we can contact for a reference for the applicant.)

Name		Phone	(Day)	(Eve)
E-mail		Relationship to applicant		
Name		Phone	(Day)	(Eve)
E-mail		Relationship to applicant		

**Please include the name of a principal or teacher as one of your references*

**All applications must be accompanied by a Reference Form*

Basic Medical Information: (Inaccurate or incomplete information is a serious offence and will disqualify your application.)

Have you had any serious illnesses in the past five years? If so, please explain.	
Do you have heart, pulmonary or other chronic conditions or injuries? If so, please explain.	
Please list ANY medications taken currently or within the last year on a regular or semi-regular basis.	
Please describe any other allergy or medical condition that could effect your participation.	
Have you ever had treatment or counselling with a mental health professional? If so, please explain reasons.	

Applicant Questionnaire: (Please take a few moments to answer the following questions. We hope this questionnaire will help you focus on your reasons for electing to pursue a Teva Adventure program at this time. It will also provide us with an opportunity to get to know you better. Write as much or as little as you would like; feel free to expand the text areas.)

What has been your greatest success in the last six months?
A Teva Adventure program is a physically demanding endeavour. Please describe your regular physical activities or sports. Include what types of exercise you pursue, how often and for what length of time. If you do not exercise regularly, use this space to tell us about your plan to prepare for the program.
A Teva Adventure program requires that all participants commit physically, mentally and emotionally to the success of the expedition, community service and touring parts of the program. Identify an activity to which you have made a major commitment. Describe how you demonstrated that commitment.

Please describe your outdoor skills and experience. Do you have any skills or training that would benefit the program?
(Medical, technical, first aid)

How did you hear about this program?	<input type="checkbox"/> Teva Adventure Presentation	<input type="checkbox"/> Web/E-mail	<input type="checkbox"/> Friend	<input type="checkbox"/> NOLS	<input type="checkbox"/> Other _____
Referred by					

Optional Additional Question:

Please share why you are interested in joining this program. List two ways you hope to grow from this experience. List two ways you hope to contribute to your experience and the experience of others on the program.

Person to Notify in Case of Emergency: (All applicants must identify a person to contact in case of emergency.)

Name			Phone	(Day)	(Eve)
Address				City	
State		Country		Zip	
Relationship to applicant					

Please read the following and check the yellow boxes:

<input type="checkbox"/>	I have read, understand, accept and agree to the rules, policies and guidelines in the accompanying letter. I consent to sign an agreement that includes the contents of the letter. A signed agreement form is required for acceptance on any program.
<input type="checkbox"/>	I understand that I am not accepted on my course until all enrollment forms have been received and approved by Teva Adventure and NOLS.

- Please note that applicants will be accepted on a first come basis provided they meet the requirements.
- Applications without the application fee will not be processed.
- Please attach a small photo (less than 100K) of the applicant to the e-mail as well.

We prefer that you submit this form as an e-mail attachment or fax and send the \$100 non-refundable application fee by credit card via our website (www.tevaadventure.org).

Please e-mail this form as an attachment to: applications@tevaadventure.org or fax: (718) 732-2529

Completed form (please print this form), application fees by check & photo may be mailed to the following address:

Teva Adventure
c/o UAI
611 Broadway, Suite 719
New York, NY 10012
Attn: Yael Ukeles

QUESTIONS?

Call Us:
718-576-1302

E-mail Us:
info@tevaadventure.org