



Name: \_\_\_\_\_

**Medical Information**

Insuring Company: \_\_\_\_\_ Member #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Asthma:  Y  N

List any current medical conditions that may impair your ability to fully participate in this hands-on, active learning experience: \_\_\_\_\_

List any requested American's with Disabilities Act accommodations: \_\_\_\_\_

**Emergency Contact (Primary):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact (Secondary):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Referral Information**

How did you learn about the program? \_\_\_\_\_

Who do you know that has completed the program? \_\_\_\_\_

Please suggest ways that we might publicize or reach others who may be interested in this program: \_\_\_\_\_

Submit:

- this application, and
- 1 copy of your birth certificate or proof of Native Hawaiian ancestry, and
- 1 copy of a valid picture ID, such as driver license, state ID card, passport, TWIC card, or Merchant Mariner Credential

Applications may be faxed, emailed, or mailed to:

Maritime Careers Exploration

Attn: Molly Arthur

45-021 Likeke Pl.

Kāne`ohe, HI 96744

Fax (808) 247-0330

[Molly.Arthur@Marimed.org](mailto:Molly.Arthur@Marimed.org)

Call (808) 349-3774 if you have any questions; we're happy to help.

View class activities and job opportunities on Facebook **Maritime.Careers.Exploration**



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