



Name of School: _____ Current grade: _____

Hobbies/Extracurricular activities: _____

How did you hear about Rippleeffect?

Word of mouth Staff Member Internet
 Board Member Velvet Other _____
 Television Portland Press

Have you participated in Rippleeffect programming before? _____

If so, What year(s) and what program (s)? _____

Do you have health insurance? Yes No

If yes, please indicate insurance company and policy number: _____

Have you ever been convicted of a crime, including sex-related, drug related and child abuse? Yes No
If yes, please explain: _____

Do you have any impairments, physical or mental, which would interfere with your performance as a Fort Lyon or CICC Intern?
If yes, please explain: _____

Are you in good physical condition? Please describe your weekly exercise routine: _____

Please return completed forms to:
Rippleeffect, Inc.
PO Box 441
Portland, ME 04112
(207) 791-7870 fax: 791-8998



Please describe any outdoors experience: _____

Please describe situations in which you have assumed a leadership role: _____

Please describe the most challenging situation you have ever faced. Explain how you dealt with this challenge. _____

What is your favorite book: _____

What is your favorite film: _____

Please list two references that we can contact. Please list people who know you well or have worked with you (i.e. – guidance counselors, family friends, etc).

1.- Name: _____

Address: _____
Street city state zip country

Phone: _____ E-mail: _____

Relationship: _____

2.- Name: _____

Address: _____
Street city state zip country

Phone: _____ E-mail: _____

Relationship: _____

Are you able to make a commitment from June to August?: _____

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Please indicate any prior environmental work or volunteerism experience: _____

Please explain why you want to be a part of the Rippleeffect CICC Program and how it will be helpful for you: _____

Please explain why Rippleeffect should choose you to be a part of the CICC Program: _____

Will you be able to camp on Cow Island on week nights during the internship program? Yes No

I certify that the above information is complete and accurate.

Signature of Participant: _____

Signature of Parent/Legal Guardian: _____

Date: _____
mm/dd/yy

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