

# Friend Ships Unlimited

1019 North 1<sup>st</sup> Avenue \* Lake Charles, LA 70601 U.S.A \* Tel: (337) 433-5022 \* Fax: (337) 433-3433 \* E-mail: SeaHawks@friendships.org \* www.friendships.org

Dear Sea Hawk Applicant,

Thank you for your interest in the Friend Ships Sea Hawk program. We would like to take this time to introduce you to this program.

The Sea Hawk program is a 11-month program designed for young people in the transition time between school and entering the workforce. It is designed with you in mind and the goal is to bolster and strengthen you in many areas of your life. Sea Hawks will add to your life in strategic ways and you will learn more in a year than you would in many other settings. It will help you to develop work skills and ethics. We hope that it will also cause a hunger in you to help the less fortunate of the world; that you will develop an excitement about how you as an individual can make a difference; and most importantly that you experience a growth in your personal relationship with Jesus Christ.

Although the value of this program is considerable, entry into the Sea Hawks is not obtainable at any price. It is exclusively full scholarship. But this program is not free and it is not cheap. It demands a whole heart and full participation. Applicants are rewarded scholarships through careful review of their application and a letter addressed to **Mr. Don Tipton**, expressing your love for the Lord, desire to be a part of the Sea Hawk program and a willingness to lay other things aside to study the Word, apply themselves to devotion and prayer, become physically fit, travel and serve others. Scholarships include room and board and there is no cost to those who qualify **except uniforms, books, passports, and shots – and to have funds available to pay for your airfare from Houston Texas to Tel Aviv Israel (approximately \$800-\$1200)**. A medical exam is required prior to arrival day. Medical insurance / Traveler's insurance is strongly suggested.

## Special Year:

Friend Ships is offering Sea Hawks Holy Land, a very special session of our relief missions program for young adults starting September 10, 2018. Following basic training, be deployed to the Middle East. Provide medical care and humanitarian aid to Syrian war victims at Camp Ichay on the border between Israel and Syria. During your time in Israel Study the Word and periodically tour Israel; experience the sites where Jesus and the disciples lived and worked. Sea Hawk recruits are responsible for airfare from Houston Texas to Tel Aviv Israel (approximately \$800-\$1200).

The objective of Sea Hawks is to instill into the participant some of the foundational attitudes and Godly characteristics that will prepare you not just to be able to live Godly lives, but also to be able to be effective in whatever ministry God has called you to. This is accomplished by having the participant face various structured challenges in the areas of their spiritual, emotional, mental and physical lives.

Sea Hawks will introduce you to the four aspects of relief missions that Friend Ships carries out - international humanitarian aid, disaster relief, medical missions and domestic food distribution. The program also serves as training for entering relief missions with Friend Ships full-time at the end of the program, if you so desire. Cadets will generally work an 8 hour day, 6 days a week, in some capacity at Port Mercy, as a support to the ongoing operations. This will primarily be in ship maintenance, food service, domestic services, warehousing, grounds keeping or engineering. Another aspect that you will be involved in is a daily fitness program. Early, on weekday mornings, you will participate with the regular staff in a devotional time, and on Tuesday nights in a prayer meeting. Sundays are usually free to attend the local church of your choice. Throughout the week, you will have regular devotional studies geared towards maturing as a Christian and seeking God's will for your life. There will be regular evaluations of your conduct and work ethics to help and encourage you towards improvement and excellence. You will be tested in the skills you learn and develop, in order to receive a qualification in that area of Friend Ships.

It is expected that you are seriously pursuing the will of God in your life. To help you with this, we have instituted certain rules to help you avoid distractions. For example, there are to be no personal romantic relationships for the entire length of the 12-month program. There will not be any vacation time during the program.

The program will commence September 10, 2018. The initial 12 weeks (*Basic Training*) will be an introductory session after which you and the Sea Hawk Leader will decide if you should continue for the remainder of the program. Upon successful completion of the year, you will receive a certificate of completion.

If you are accepted, this will be a challenging year for you! It will be difficult at times, but you will learn much. You will work side by side with people that have dedicated large periods of their lives to serving God full-time. You will never be the same. May the Lord lead and guide you as to whether you should apply to the Sea Hawks program.

In Christ,

Murray Douglas, Sea Hawks Director

Revised July 2018

# Friend Ships Unlimited

1019 North 1<sup>st</sup> Avenue \* Lake Charles, LA 70601 U.S.A \* Tel: (337) 433-5022 \* Fax: (337) 433-3433 \* E-mail: SeaHawks@friendships.org \* www.friendships.org

## SEA HAWKS APPLICATION

*You must answer every question and  check boxes that apply. Please use blue or black ink and print neatly. Thank you!*

### Personal Information

Name:	Please fill out appropriate telephone numbers and <input checked="" type="checkbox"/> check your preferred contact number. <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Work: _____ Ext.: _____
Address:	
City:                      State:              Zip:	
Country:	Country Code:

**Highly preferred method of contacting you.**  
**E-mail:** \_\_\_\_\_

<input type="checkbox"/> Male <input type="checkbox"/> Female	Height ____' ____"    Weight ____ lbs.	Date of Birth: _____ <small>(Month / Day / Year)</small>	T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
---	--	---	--

U.S. Citizen     Yes, or  No    **If No, what is your nationality?** \_\_\_\_\_

Marital Status:     Single     Married     Single-Parent     Engaged     In Relationship

### Experience Background

Do you have any experience in the following: *(Please check  the boxes that apply to you.)*

<input type="checkbox"/> Domestic	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Painting	<input type="checkbox"/> Maritime Skills	<input type="checkbox"/> Security	<input type="checkbox"/> Office /	<input type="checkbox"/> Children's Ministry
<input type="checkbox"/> Cooking	<input type="checkbox"/> Electronics	<input type="checkbox"/> Mechanics	<input type="checkbox"/> Engineering	<input type="checkbox"/> Music	Computer	<input type="checkbox"/> Disaster Response
<input type="checkbox"/> Other: _____						

Please expound on above areas of experience and other areas not specified: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Please use additional paper if needed.)*

Please describe any previous short or long term volunteer work you have participated in: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you desire to participate in the Sea Hawks program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please use additional paper if needed.)

Have you used any of the following in the past three years? (Please check )

- Excessive Alcohol    Sleeping Pills    Mood Elevators    Tranquilizers    Marijuana    Cocaine    LSD    Heroin
- Tobacco Products    Other (ILLEGAL DRUGS / SUBSTANCES): \_\_\_\_\_

If you checked  any of the above items please specify the reason, frequency and date of last use: \_\_\_\_\_

Have you ever been convicted of a felony?    Yes, or    No   **If Yes, When & details:** \_\_\_\_\_

Are you on probation?    Yes, or    No   **If Yes, Please give details:** \_\_\_\_\_

(Please use additional paper if needed.)

Do you have any outstanding debts?    Yes, or    No   **If Yes, Please give details:** \_\_\_\_\_

Will you have sufficient income to cover these debts while working with Friend Ships?    Yes, or    No

Please give details: \_\_\_\_\_

**Emergency Information**

Name of Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Country Code: \_\_\_\_\_

Please fill out telephone numbers and  check best contact number.

Home: \_\_\_\_\_  Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Ext.: \_\_\_\_\_

**E-mail:**

**Please fill in information for the Pastor or Church Leader you have submitted a reference form to:**

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

Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Church: \_\_\_\_\_

Church #: \_\_\_\_\_  Cell: \_\_\_\_\_

**E-mail:**

**Please list a current or most recent employer we may contact for a reference:**

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

Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_  Cell: \_\_\_\_\_

**E-mail:**

**Feedback**

How did you hear about Friend Ships? (Please  check all that apply)

- Internet/Website    Radio broadcast    Magazine/Newspaper    Heard speaker    Book/audio    College    News
- Visiting group    Facebook    Friend / Crewmember    Tradeshow    Other: \_\_\_\_\_

Comments/Details: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SEA HAWKS MEDICAL HISTORY EVALUATION

**IMPORTANT:** This form must be completed, kept on file with the organization Friend Ships Unlimited, & is subject to inspection by the Human Resources Department for enrollment into the Sea Hawk program. All applicants are considered so your responses will not automatically disqualify you.

*Please Print*

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male or  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

**Family Health History:** Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes/Hypoglycemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**Applicant's Orthopaedic History:** Has the applicant/athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	<input type="checkbox"/>	<input type="checkbox"/>	Previous Surgeries:	_____				

**Your Health Conditions:** Does applicant/athlete have or had any of these conditions?

Have	Had	Condition	Have	Had	Condition	Have	Had	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements / vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosis
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes / Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait / Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Circulatory Problems	<input type="checkbox"/>	<input type="checkbox"/>	HIV Virus/Aids	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs): _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications:						

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

### WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health- care provider and/or employer under Louisiana law.

This Medical History Evaluation form, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and applicant/athlete named above, is done in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of an organization representative, the named applicant/athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... Yes No
  2. I give my permission for the athletic trainer to release information concerning my injuries to the directors /organization representative of Friend Ships Unlimited / Sea Hawks Program..... Yes No
  3. By my signature below, I am agreeing to allow my medical history / exam form and all application forms to be reviewed by Friend Ships Unlimited or its Representative(s) ..... Yes No
- I understand Friend Ships Unlimited and/or the Sea Hawk Program, carries no insurance and if desired I need to provide my own, all costs incurred are my responsibility.

Print Applicant/Athlete \_\_\_\_\_ Signature of Applicant/Athlete \_\_\_\_\_

## II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

**GENERAL MEDICAL EXAM :**

**OPTIONAL EXAMS:**

**ORTHOPAEDIC EXAM:**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (if Needed)	<input type="checkbox"/>	<input type="checkbox"/>

L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_  
Needs corrective lens  Yes, or  No

**DENTAL:**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

COMMENTS: \_\_\_\_\_

I.	Spine / Neck	Norm	Abnl
	Cervical	<input type="checkbox"/>	<input type="checkbox"/>
	Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
	Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II.	Upper Extremity		
	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
	Elbow	<input type="checkbox"/>	<input type="checkbox"/>
	Wrist	<input type="checkbox"/>	<input type="checkbox"/>
	Hand/Fingers	<input type="checkbox"/>	<input type="checkbox"/>
III.	Lower Extremity		
	Hip	<input type="checkbox"/>	<input type="checkbox"/>
	Knee	<input type="checkbox"/>	<input type="checkbox"/>
	Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this applicant/athlete cannot participate in athletics/physical training/boot camp or a mission trip/disaster response. Overall condition of health:  POOR  FAIR  GOOD  EXCELLENT

- Applicant/athlete is cleared  
 Cleared after further evaluation and treatment for: \_\_\_\_\_  
 Not cleared for:  contact  non-contact

Printed Name of MD, DO, APRN or PA \_\_\_\_\_

Signature of MD, DO, APRN or PA \_\_\_\_\_

Date \_\_\_\_\_

Correction of any problems regarding vision, hearing or dental care should be completed before joining Friend Ships Sea Hawk Program, if possible. Are you presently taking any prescriptions?  Yes, or  No If Yes, complete the "Medical Information and Agreement".

# MEDICAL INFORMATION AND AGREEMENT

*You must answer every question. Please use blue or black ink and print neatly. Thank you!*

**Note:** This form is only used for ongoing permanent or semi-permanent conditions including (but not limited to) epilepsy, bipolar disorder, clinical depression, schizophrenia, alcoholism, drug addiction, diabetes, cardiac conditions, hypertension, asthma, and acute allergies. Do not include temporary conditions and medicines such as antibiotics for infections or antihistamines for transient or seasonal allergy conditions such as hives, hay fever, etc.

## INFORMATION:

I, \_\_\_\_\_, have been diagnosed by a medical doctor with the following medical condition (s)  
(Your Full Name)

listed by name with the year of diagnosis:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Additional Notes: \_\_\_\_\_

I am presently taking the following medication(s) to control the above condition(s):

### List Drug Name, Strength, Dosage and Frequency:

1. \_\_\_\_\_ Year First Prescribed: \_\_\_\_\_

2. \_\_\_\_\_ Year First Prescribed: \_\_\_\_\_

3. \_\_\_\_\_ Year First Prescribed: \_\_\_\_\_

4. \_\_\_\_\_ Year First Prescribed: \_\_\_\_\_

5. \_\_\_\_\_ Year First Prescribed: \_\_\_\_\_

6. \_\_\_\_\_ Year First Prescribed: \_\_\_\_\_

## AGREEMENT:

I agree to inform the Facility Manager and nurse **BEFORE** stopping this (*these*) medication(s) or **BEFORE** changing the frequency and/or dosage without a medical doctor's directive. Further, if a medical doctor directs me to stop or change this (*these*) medication(s), I agree to inform the Facility Manager **IMMEDIATELY**. I fully understand that failure to honor this agreement by promptly informing the Facility Manager may result in my dismissal from Friend Ships.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Friend Ships Unlimited

1019 North 1<sup>st</sup> Avenue \* Lake Charles, LA 70601 U.S.A \* Tel: (337) 433-5022 \* Fax: (337) 433-3433 \* E-mail: SeaHawks@friendships.org \* www.friendships.org

## SEA HAWKS - PASTOR'S REFERENCE EVALUATION

### Friend Ships Sea Hawks Missions Training Program

This applicant has applied to attend the Friend Ships Sea Hawks program. Friend Ships is a nonprofit charity corporation that works to assist all of the Body of Christ on a worldwide basis through the provision of food, clothing, medical supplies, and other relief items. We believe an important aspect in obtaining a winning team is to receive honest evaluations on potential candidates for service. Therefore, we kindly ask that you be as candid as possible with us in order to protect both the applicant and Friend Ships. We consider all of your comments strictly confidential. For more information on Friend Ships Sea Hawks program please visit our website at <http://friendships.org/SeaHawks/seahawks.html>. If you would prefer to provide a verbal reference, please contact personnel at (337) 433-5022.

**\*\*\*Must print applicant's Full Name:** \_\_\_\_\_

Pastor's Name: _____ Church Name: _____ Church Address: _____ City: _____ State: _____ Zip: _____ Country: _____ Country Code: _____	Please fill out your telephone numbers and <input checked="" type="checkbox"/> check your preferred contact number. <input type="checkbox"/> Church: _____ Ext.: _____ <input type="checkbox"/> Cell: _____ <b>E-mail:</b> _____
--	---

### Reference Questions

1. How long and how well have you known the applicant? \_\_\_\_\_

2. Please describe how you would rate the applicant in the following areas by checking  the column for each characteristic that most accurately describes the applicant from your point of view:

Characteristic	Excellent	Above Average	Average	Questionable	Unknown
a. Christian Character					
b. Temperament					
c. Flexibility					
d. Works well under stress					
e. Respectful of other cultures					
f. Ability to follow instructions					
g. Respect for Authority					
h. Concern for others					
i. Energy ( <i>stamina</i> )					
j. Health					
k. Leadership Qualities					
l. Team Player					
m. Emotional Stability					

3. Have you noticed any of the following behaviors: argumentative, domineering, impatient, angry, critical of others, easily depressed, worried, showing signs of compulsive or addictive behavior that might affect the team they are going to work with. Please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is the applicant active in church activities/programs/groups? If so, please elaborate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please make any comments regarding the applicant's skill which you feel could be helpful. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please check the word or words which would best describe this person's attitude and outlook on life.

Enthusiastic  Moderate  Negative  Outgoing  Solitary  Angry  Resists change or differing views

7. What is your overall assessment of this applicant serving as a Friend Ships Sea Hawks volunteer?

Definitely unsuited

Good prospect, but I have some reservations

Above average prospect

At this time unsuited

Average prospect

Exceptional prospect

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I declare that the contents of this confidential reference form are correct to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill out this reference. Your input is very important to us and greatly appreciated. If you would like to be kept abreast of Friend Ships activities, please let us know how you prefer to receive our "Activities Report"- newsletter:

E-mail: \_\_\_\_\_ (Circle your preference: Adobe Reader .pdf format or text only.)

Mail to Church address  Other: \_\_\_\_\_

**Please mail completed form back to:**

**Friend Ships Unlimited**  
Attn: Personnel Department – Sea Hawks  
1019 North First Avenue  
Lake Charles, LA 70601 USA

# SEA HAWKS VERIFICATION FORM

Please place a  check mark next to each area to confirm you have read and/or completed each of the following before sending in your application package to the Sea Hawk Personnel Department.

## I have read:

- I have read and kept the "Cover Letter".
- I have read the Sea Hawks Summary of Program Objectives, Structure and Guidelines. Request an email copy.

## I have completed and I am submitting the following:

- I have completed the "Sea Hawk Application form".
  - I have filled out information on my current or most recent employer for a reference.
  - I have filled out information on my current Pastor or Church Leader that knows me best and who will be completing the reference form.
- A Doctor/practitioner has completed the "Sea Hawk Medical History Evaluation".
  - If applicable, I have completed the "Medical Information and Agreement form".
- I have included a recent photo with my application.
- I have submitted a letter addressed to Mr. Don Tipton, stating why I would like a scholarship to the Sea Hawk Program. In the letter I have explained my relationship with Jesus and why I feel God is directing me to the Sea Hawk program. Note: There are limited full scholarships currently available. Room and board are provided through the full scholarship. Once accepted you will only be responsible for purchasing your books and uniform.

## I have given a reference evaluation form:

- To my current Pastor or Church Leader who knows me best and can give a reference. They must return the reference form separately.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month / Day / Year)

By verifying and signing this form I acknowledge that Friend Ships Unlimited, the Sea Hawk program, has my permission to verify any information I have given on the application package. Applications without proper signatures cannot be accepted. You can send a copy of your application by email or fax, but you must mail the originals in the mail.

Please mail completed forms back to:

### **Friend Ships Unlimited**

Attn: Sea Hawks Personnel Department  
1019 North 1<sup>st</sup> Avenue  
Lake Charles, LA 70601 USA

***THANK YOU FOR YOUR INTEREST IN SERVING IN THE SEA HAWK PROGRAM!***