

RECRUIT TRAINING REGISTRATION REQUEST

DOUGLAS COUNTY YOUNG MARINES MISSION: Fortify, promote and educate the youth in our community to a drug, alcohol and gang free alternative lifestyle. Our goals are to develop young leaders (8 to 18) through academic achievements, high adventure activities and to produce responsible citizens by performing community services and assisting the local veteran associations. With the assistance of volunteers made up of active duty Marines, former Marines, other military services and civilians, we are able to promote a mental and moral atmosphere in which military instruction can be applied

APPLICANT IDENTIFICATION DATA

1. APPLICANT'S NAME: (Last, First, Middle Initial)		2. HOW DID YOU HEAR ABOUT THE YOUNG MARINES?:	
3. DATE OF BIRTH: / /	4. SOCIAL SECURITY NUMBER:		
5. NAME OF CURRENT SCHOOL ATTENDING:			
6. CURRENT SCHOOL GRADE LEVEL: Elementary Middle school Senior High Private		7. DATES ATTENDING SCHOOL: (on or off track) FROM: / / TO: / /	

The following information will help us to assess the possible recruits stability in home and at school, as well as to determine if he or she may have leadership potential.

8. HOW DO YOU RATE THE APPLICANT'S (Indicate with an "X")	Outstanding	Average	Unsatisfactory	Not observed
a. TRUSTWORTHINESS				
b. INITIATIVE				
c. JUDGMENT				
d. SELF-CONFIDENCE				
e. LEADERSHIP				
f. EMOTIONAL STABILITY				
g. HOME ENVIRONMENT				
h. ABILITY TO WORK WELL WITH OTHERS				
9. PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FOR "YES" ANSWERS, PROVIDE DETAILS ON THE BACK.	YES	NO	UNKNOWN	
a. IS THE APPLICANT KNOWN TO USE ALCOHOL OR DRUGS?				
b. HAS APPLICANT EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL?				
c. HAS THE APPLICANT BELONGED TO ANY OTHER YOUNG MARINE UNIT?				

QUESTIONS TO BE ANSWERED BY THE PARENT/GUARDIAN OF THE POTENTIAL RECRUIT (Continued)

1. Does your child have any medical condition or chronic ailments (Physical or Psychological) that would prevent them from participating in the Young Marine program?

2. Is your child afraid of height, water, dark or other? List all:

3. Is there any thing that would prevent your child from staying over night on Young Marine encampments?

QUESTIONS TO BE ANSWERED BY THE PARENT/GUARDIAN OF THE POTENTIAL RECRUIT

4. What are you expecting from the Young Marine program for your child?

5. Has your child ever been arrested, detained, or otherwise questioned by Law Enforcement (Exclude minor traffic tickets):

6. Does your child have any piercings? These Can be Dangerous in Recruit Training! List all:

QUESTIONS TO BE ANSWERED BY THE POTENTIAL RECRUIT

1. Why do you want to join the Young Marines?

2. Do you think you have what it takes to become a Young Marine? Explain:

3. Do you think that you are physically fit for Young Marine Recruit Training?

4. What do you know about the Young Marines?

PARENTS: PLEASE WRITE A SHORT NARRATIVE EVALUATION OF THE APPLICANT

DISCALIMER: THE CRYM STAFF HAS FINAL SAY ON APPROVING / DISSAPROVING APPLICANTS. ANY FALSE INFORMATION PROVIDED ON THIS APPLICATION WILL RESULT IN IMMEDIATE DISMISSAL FROM THE UNIT REGARDLESS OF TIME SERVED.