

# Marine Corps Educators Workshop Biographical Questionnaire



This form is not an invitation. It is used in the selection process for choosing candidates to attend the Marine Corps' Educators Workshop in Parris Island, South Carolina from (Dates your RS is attending Workshop) Submitting this form declares your interest in the workshop and provides information required to qualify you for attendance. You will be contacted regarding your status at least 45 days before the start of the workshop.

PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ MR. | MRS. | MISS | DR.  
(Last) (First) (MI)

Complete Home Mailing Address: (all future correspondence will be sent to this address)

\_\_\_\_\_  
(Street Address) (City) (State) (ZIP)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Name of School (or Organization): \_\_\_\_\_  
(City) (State)

Position / Job Description: \_\_\_\_\_

Civic / Professional / Other Group Affiliations: \_\_\_\_\_

Closest Airport: \_\_\_\_\_

Hotel Accommodations provided are double occupancy. (Exceptions for medical reasons may be granted.)

Person you would like to share room with: \_\_\_\_\_

Special Instructions / Additional Info: \_\_\_\_\_

**Applicants must meet the following qualifications:**

- Full-time High School (9-12) or Post Secondary Educator (includes teachers, professors, counselors, principals, superintendents, coaches) or Influential Community Members (includes governors, legislators, mayors, school board leadership) or People with Ties to Teenagers and Young Adults (includes youth group leaders, after-school volunteer programs coordinators, etc.)
- Is physically able to participate (workshop includes some periods of extended walking and standing)
- Has not attended a Marine Corps Educators Workshop within 5 years
- Has not served in the Marine Corps since 1996 (If veteran of other service, list branch w/years of service\_\_\_\_\_)

1. Have you ever served in the military? If so, which branch, how long have you served, and what was your last year of active duty service?

2. Do you have any relatives that have served in the military? If so, which branch, how long did they serve, and what was their last year of active duty service?

3. Do you have any children that have served in the military? If so, which branch, how long did they serve, and what was their last year of active duty service?

4. Do you consider your knowledge of the military to be a. Very good b. Average c. Minimal

5. Have you ever attended an Educators Workshop in the past? If so, when?

Marine Corps Educators Workshop  
**Release and Hold Harmless  
Agreement**



Depo 5050.7C

In consideration of \_\_\_\_\_ (names of participant) being allowed to participate in any way with activities required to \_\_\_\_\_ (specify activity, i.e. obstacle course at the Marine Corps Recruit Depot, Parris Island, South Carolina), on \_\_\_\_\_ (date), the undersigned agree to the following:

1. That prior to participating, I agree to inspect the facilities and equipment to be used, and if I believe that anything is unsafe, I will advise the United States Marine Corps of such condition and refuse to participate.
2. That I acknowledge and fully understand that each participant will be engaging in activities that are known to involve risk of serious injury, including permanent disability and death, and severe social and economic losses, which might result not only from our own actions, inaction or negligence, but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any of the equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. That I assume all risks and accept all responsibility for any damages following such injury, permanent disability or death that might result to myself.
4. That I intend to be legally bound, and do hereby release, waive, discharge and covenant not to sue the United States Navy, United States Marine Corps, its administrators, officers, directors, agents, coaches, teachers, instructors, or other employees or volunteers of the organization, or to the owners and leasers of the premises used to conduct the event, all of which hereafter are referred to as the "releases", from any and all liability to each of the undersigned, his or her heirs, and next of kin for any claims, demands, losses or damages on account of any injury, including death and permanent or partial disability or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise in connection with and/or arising out of my travel to participation in, and return from the event. I understand that in transporting me, the United States Government is not acting as a common carrier for hire and does not bear the liabilities attached to that status.

5. That I agree to indemnify and hold harmless the Department of the Navy, the U.S. Marine Corps, its administrators, officers, directors, agents, teachers, instructors, or other employees or volunteers, or owners or leasers of the premises used to conduct the class against all civil actions or claims for loss or damage to my property or the injury, death, disease, or disability to the undersigned that is caused or alleged to have been caused in whole or in part from any act having any connection with and/or arising out of my participation in the class.

6. That should I sustain injury or illness while participating in the activities described above, I hereby authorize any emergency first aid, medication or surgery deemed necessary by licensed medical personnel. I give my permission for the attending medical personnel to execute on my behalf any necessary medical documents or permission forms and to act in my behalf if I am not able to do so.

7. That, I understand the United States Navy will not provide medical care (except on an emergency basis) for any injuries or disease occurring during the activities described above. I certify that I have sufficient medical insurance coverage to pay for any medical treatment should an injury occur. I agree to reimburse the government for any medical care provided.

8. I certify that I am not currently under a physician's care, am in good health, and have no reason to believe that I am not physically capable of safely participating in the activities described above.

I, THE UNDERSIGNED HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND MADE CERTAIN IMPORTANT GUARENTEES BY SIGNING IT AND HEREBY SIGN IT VOLUNTARILY.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\*\*\*\*\*

In the event that I am injured and cannot be resuscitated, herein below is listed an emergency contact name and telephone number and I do hereby authorize the United Sates Navy to release any and all information on my injury and/or death.

Emergency contact and telephone number \_\_\_\_\_

Marine Corps Educators Workshop  
**Liability Release Form**



**TRANSPORTATION AGREEMENT  
NEXT OF KIN RECORD  
MEDICAL INFORMATION  
PARTICIPATION RELEASE**

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

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

In consideration of receiving free transportation from the United States Marine Corps, by commercial aircraft to Parris Island, South Carolina, and return, including such other transportation by this and other means that may be reasonably required, commencing on or about \_\_\_\_\_ and ending on or about \_\_\_\_\_, I hereby release the United States Government, including all its subdivisions, officers, military personnel, employees and agents from all liability for any personal injuries or death which may result from this transportation, whether caused by negligence or otherwise. I understand that in transporting me, the United States Government is not acting as a common carrier for hire and does not bear the liabilities attached to that status. I acknowledge that I voluntarily accept such transportation and that I am under no compulsion to do so. I understand that by accepting such transportation, I incur no obligation towards the United States Government, except imposed by this release. I agree that release not only binds myself, but also my family, heirs, assigns, administrators and executors.

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

**Name and address of person to be notified in case of emergency:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Medications, Physical Limitations or Illnesses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been briefed on the 'Yellow Footprints' drill and was given the opportunity to decline participation and I \_\_\_\_\_ Choose to participate \_\_\_\_\_ Choose not to participate.  
(initials) (initials)

Marine Corps Educators Workshop  
**Media Information Sheet**



1. Name: \_\_\_\_\_

2. Telephone: \_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

4. Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

5. Organization and job title:

\_\_\_\_\_  
\_\_\_\_\_

6. Military background or experience:

\_\_\_\_\_

7. Specific subject matter you desire to cover:

\_\_\_\_\_  
\_\_\_\_\_

8. Specific individuals you want to interview:

\_\_\_\_\_  
\_\_\_\_\_

9. Miscellaneous information:

\_\_\_\_\_  
\_\_\_\_\_



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