Machias River Wigwams Program

Cobscook Community Learning Center
10 Commissary Point Road
Trescott TWP, ME 04652
(207) 733-2233

Downeast Salmon Federation
187 Main Street
Columbia Falls, ME 04623
(207) 483-4336

Application Instructions:

1. Be sure that you are available between July 5th and July 19th, including overnight and on weekends.
2. Fill out this preliminary application form completely and mail it to:

   Cobscook Community Learning Center
   10 Commissary Point Road
   Trescott, ME 04652

   Or fill out digitally and e-mail to maria@mainesalmonrivers.org
   We are filling this program on a rolling basis, so get in your paperwork right away.

3. Within 3 business days someone will contact you to schedule an interview. **All applicants must have an in-person interview before they will be accepted into the program.** We have quite a bit of flexibility in interview location so transportation need not be an obstacle.

4. Be prepared to provide a reference during your interview. A good reference is someone like a teacher, coach or employer who can speak to your character and work ethic from experience. Get permission from them ahead of time, and please have their e-mail address and phone number ready.

5. After we have determined that you are a good fit for the program, we will provide you and your family with additional literature about program expectations and details. At that time we will ask you to sign a participation agreement and fill out medical and permission forms.

The CCLC and DSF reflect the diversity of the people of the Cobscook region and celebrate the diversity of all people. We do not discriminate against current or prospective participants on the basis of race, color, national or ethnic origin, economic status, gender, sexual orientation, religion, marital status, age (except as indicated for age-specific programs) or disability.

DATE SUBMITTED:_____

NAME: _____DATE OF BIRTH:_____
PARENT/GUARDIAN NAME(S)_____
ADDRESS:_____CITY/STATE/ZIP:_____
HOW DID YOU HEAR ABOUT THIS PROGRAM?_____
HAVE YOU BEEN INVOLVED WITH CCLC OR DSF PROGRAMS BEFORE? _____
_____

WHAT DO YOU HOPE TO GAIN FROM PARTICIPATING IN THIS PROGRAM?

WHAT DO YOU HOPE TO CONTRIBUTE TO THIS GROUP AND THIS PROJECT?

ANYTHING ELSE?

APPLICANT SIGNATURE:_____DATE:_____
PARENT/GUARDIAN SIGNATURE:_____