Women of Courage

“I would like to thank you for this wonderful experience! It has changed my outlook on life, nature, love, and all my relationships. I enjoyed every moment and have you to thank for the experience of a lifetime.”

- A Woman of Courage -

Courses in Ontario, Alberta & British Columbia

What is the Women of Courage Course?

The Women of Courage course is an exciting, 8-day wilderness program created for women who are involved in the process of healing that follows the self-acknowledgement of an experience of abuse. This could include sexual, physical or emotional abuse, perpetrated by any individual or group, and experienced at any time during the woman’s life.

This course is all about helping women discover the strong gifts that live inside each of them and encouraging those gifts to come alive. You will renew yourself by traversing through breathtaking landscapes. You will learn the value of teamwork as you rise up to meet the challenges of an expedition with nine other women and two of our expert Instructors. Most of our graduates comment that what they cherished the most about this experience was that they found the way back to themselves, back to peacefulness, confidence and courage.

On the Women of Courage journey, you will sleep in tents set in beautiful places, learn to cook on a fire, and live comfortably in the backcountry. You will step away from a lot of the things that are familiar, and with the heart of a true explorer, be challenged to reach further than you ever dreamed possible. Outward Bound is as much about discovering “the new” things about yourself as it is about re-inventing “the old”. Building self-esteem and self-confidence, enhancing body image, expanding your inner resources and facing your fears in a safe and caring environment are just some of the things that will happen during your Women of Courage experience.

The Ontario courses feature a flatwater canoe expedition, with all the challenges involved in paddling, portaging and group living in the backcountry. Part of the course itinerary may also involve the opportunity to participate in a supervised overnight wilderness solo experience.

The British Columbia course features an ocean canoeing expedition, with all the challenges involved in paddling, coastal exploration and group living in the backcountry. Part of the course itinerary may also involve the opportunity to participate in a supervised overnight wilderness solo experience.

The Rocky Mountain course features a backpacking expedition, with all the challenges involved in hiking with a heavy backpack and group living in the backcountry. Part of the course itinerary may also involve the opportunity to participate in a supervised overnight wilderness solo experience.

You do not need any prior outdoor experience to participate in a Women of Courage course. Our instructors teach you all the skills you will need on the course. They will not simply “do for you”; they will teach you the skills you need to “do for yourself”. As the skills of the group increase, our instructors will encourage the group to do more and more things for themselves. Part of the course itinerary may also involve the opportunity to participate in a supervised, overnight wilderness solo.

How do I know if it is right for me?

The Women of Courage program is intended for women who have progressed through their own personal healing and are ready to challenge themselves in a new setting. It is an opportunity to draw upon and expand the inner resources that you have built through the course of your healing process. If you are 20 years of age or older, you are eligible to apply.

“We are all better than we know; if we can be made to realize this, we may never again be prepared to settle for anything less.”

- Kurt Hahn, Founder of Outward Bound -

Women of Courage Application - 2014
**How do I get involved?**

1. Fill out the enclosed Application Package and send your completed forms, preferably by fax or email, to:
   
   woc@outwardbound.ca  
   Fax: 1.866.328.9761

   If you do not have access to email or a fax machine, please mail the application to:
   
   Outward Bound Canada  
   Attn: Laura Hood – Women of Courage  
   550 Bayview Avenue, Building One, Suite 201  
   Toronto, Ontario  
   M4W 3X8

2. After we receive your Application Package, you will be contacted to arrange a Telephone Interview. The purpose of the interview is to confirm that this is the right course and the right time for you to attend. There will be plenty of time for you to ask questions during the telephone interview to ensure that you are making a well-informed decision about attending the course.

**Is there financial aid available?**

Yes! We ask our participants to pay only what they can afford. If you are in a position to contribute financially to the cost of the program, you can help us stretch our funding further so we can send more women on this experience. If you are not in a position to assist with your tuition, we will provide you with a scholarship to attend.

Applications are considered on a first come, first serve basis. Please submit your application as early as possible to avoid missing this very amazing experience.

**Please note:** If you feel this is the right program for you, please do not let financial concerns prevent you from applying. If you require funding, it can be discussed with us during your interview. This is a standard part of the interview process.

_Come and join the ever-growing circle of remarkable women and become a Woman of Courage._

The Outward Bound Canada Mission is:

_To cultivate resilience, leadership, connections and compassion through inspiring and challenging journeys of self-discovery in the natural world._

If you have any questions, please feel free to contact:

Laura Hood  
Student Recruitment and Intake Coordinator  
1-888-688-9273  ext: 214  
woc@outwardbound.ca
Women of Courage Program Application – 2014

Please check the course that you are applying for:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>COURSE CODE</th>
<th>DATES</th>
<th>COURSE START</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Ontario</td>
<td>WOCO71</td>
<td>August 10 – 17, 2014</td>
<td>Kenora, ON</td>
</tr>
<tr>
<td>Ontario</td>
<td>WOCO72</td>
<td>September 21 – 28, 2014</td>
<td>Huntsville, ON</td>
</tr>
<tr>
<td>British Columbia</td>
<td>WOCV48</td>
<td>August 17 – 25, 2014</td>
<td>Victoria, BC</td>
</tr>
<tr>
<td>Alberta</td>
<td>WOCA3</td>
<td>August 24 – 31, 2014</td>
<td>Canmore, AB</td>
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Personal Information:

First Name ____________________________________________ Last Name ____________________________________________

Address (Number, Street, Apartment)

City ____________________________________________ Province ____________________________ Postal Code ____________________________

E-mail Address ____________________________________________

Day-Time Phone Number ( ) ____________________________ Evening / Other Phone Number ( ) ____________________________

Can we leave a message? □ yes □ no

Can we leave a message? □ yes □ no

Alternate Contact - Fill in the information below if we might have difficulty contacting you.

Name and Relationship to you ____________________________ Phone Number ____________________________

Reference Information:

Please provide us with a Reference to contact. This is usually a counselor or someone who knows you well and who can support your choice to participate in the Women of Courage course. The purpose of the reference is to ensure that it is a healthy timing to take the course at this point in your life.

Name ____________________________________________ Relationship to you ____________________________ Length of time they have known you ____________________________

( ) ____________________________ ( ) ____________________________

Home Phone Number Work Phone Number E-Mail Address ____________________________

Signature: ____________________________ Date: ____________________________
Women of Courage Pre-Course Confidential Questionnaire

Name: _______________________________  Course Code: __________________

This questionnaire is designed to help you understand the challenges of the Women of Courage Program and to support you in preparing emotionally, physically and mentally. This information is confidential, and we are committed to protecting your privacy. Once accepted on course, this information is shared with your female instructors, so they can effectively support you during the course. Your answers allow us insight into any challenges you may be currently experiencing. Once we have received your completed application we will contact you to arrange a telephone interview. This interview provides a chance for you to ask questions and for us to review your application with you.

How did you find out about the Women of Courage program?

Why do you want to participate in Outward Bound’s Women of Courage?

What do you hope to gain from your experience at Outward Bound?

What excites you about the program?

What are your initial fears about participating in this program?
You may have never been on a wilderness expedition before. Perhaps you have experienced trauma in a rural or wilderness setting. Please describe any particular concerns you have about the course setting (e.g. unpleasant memories, fear of water, fear of the dark, worries about being away from home and/or conveniences).

The Women of Courage program is designed to be a challenging experience. While you will be having fun, there will also be many activities that can be hard on your body and emotions such as getting up early, sharing a tent with other women, peeing in the woods, canoeing or kayaking, climbing and portaging.

What will be your biggest emotional challenge?

What will be your biggest physical challenge?

How will you take care of yourself during times of stress?

Have you been in individual counseling or therapy? ☐ Yes ☐ No
☐ In the past ☐ Currently For how long? ________________

Tell us about your therapy. How many sessions did you go to? What were some of the issues you dealt with?
Name: ___________________________________________  Course Code: __________________________

Have you been in support or therapy groups?  ☐ Yes  ☐ No

☐ In the past  ☐ Currently  For how long? ____________

Tell us about your group sessions. How many sessions did you go to? What were the topics you talked about?

Tell us about your support system you have when you go home after the course.

Is there anything else you would like to tell us about?  Is there anything going on in your life right now that might add to the challenge of an Outward Bound course?

Thank you for your time and honesty.
EVERY ITEM MUST BE COMPLETED. MARK “N/A” IF ANY SECTION IS NOT APPLICABLE TO YOU. INCOMPLETE FORMS WILL BE RETURNED TO YOU BEFORE FINAL SCREENING.

PART I. GENERAL INFORMATION (To be completed by applicant)

Your enrollment is confirmed only when we receive all completed forms and your full tuition payment. This medical form helps us ensure a safe experience for you. Please fill it out honestly and completely. If we have any question about your ability to complete the course, we will call and discuss it with you and/or your doctor. Individuals may be asked to undergo a Medical examination at the discretion of a Medical Screener. If, after reviewing your medical situation, we think you should not participate in the course, we will refund all tuition payments made to Outward Bound. We cannot cover or refund costs of medical examinations or other expenses you incur preparing for a course. *NOTE* This information is considered private and confidential and will be used only for the purposes of medical assessment for the participation on a course with Outward Bound Canada.

PARTICIPANT INFORMATION:

Name: __________________________
Street __________________________
City __________________________
Province: ____________ Postal Code: ____________
Home Telephone (___)
Business Telephone (___)
Cellular Telephone (___)
E-mail Address: ________________________

☐ Male ☐ Female Age at course start ______
Birth date (mm/dd/yy) _______________________
Height: __________ Weight: __________

EMERGENCY CONTACT INFORMATION:

Parent/Guardian if under 18 or person to be notified in case of illness or injury.

Name: __________________________
Home Telephone (___)
Business Telephone (___)
Cellular Telephone (___)
Relationship: ________________________

If we are unable to reach the person indicated above, please provide an alternate emergency contact:

Name: __________________________
Home Telephone (___)
Business Telephone (___)
Cellular Telephone (___)
Relationship: ________________________

COURSE CODE:

Do you have provincial medical coverage? ☐ Yes ☐ No

Provincial Health Card Number: __________________________ Province: __________________________

If the Applicant does not have provincial medical coverage, please indicate private or alternate medical insurance information below and attach a photocopy of your policy information.

Insurance Company: __________________________ Policy Number: __________________________ Expiry: __________

Group Number: __________________________ Address: __________________________ Phone: (___) __________________________

Each participant is responsible for any medical expenses, including medical evacuation, and must be covered by their own medical and accident insurance.
PART II. MEDICAL HISTORY  To be completed by Applicant. A Parent/Guardian must sign this form, if Applicant under 18.

Name (please print): __________________________________________ Course Code: _________________
First Name  Last Name

IMPORTANT: We urge you to be completely thorough in providing Outward Bound with the information requested. Many participants over the years who have had a variety of medical/psychological conditions have attended and successfully completed courses, but we must be aware of these conditions for your benefit. Failure to disclose such information could result in serious harm to you and your fellow students.

If you arrive at the course start with a pre-existing condition or injury, which is not indicated on your medical form and you are subsequently forced to leave the course because of this condition, you will be charged an evacuation fee and will not receive a refund of tuition.

IF YOU CHECK YES TO ANY QUESTION BELOW, DESCRIBE DETAILS ON THE RIGHT SIDE OF THE PAGE.

1. Give a brief statement of your general health:
   ____________________________________________________________

2. Height: ___________ Weight: ___________
   Check one    Describe Details if answer is Yes
   □ No   □ Yes – Describe:

3. Do you have any present medical conditions?  
   □ No   □ Yes – Describe:

4. Are you taking any medications?  
   □ No   □ Yes
   If yes: please complete the chart below.

5. List Medications including name, schedule with dosage amounts (in as much detail as possible please).

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Condition Being Treated</th>
<th>Dosage Amount</th>
<th>Schedule of Administration</th>
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<tbody>
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6. You must have a current tetanus immunization (booster shot).
   Have you had one within the past 10 years?  
   □ No   □ Yes
   If no, will you arrange for your tetanus before the course?  
   □ No   □ Yes

7. Can you effectively communicate in English?  
   □ No   □ Yes

8. Have you had any surgeries?  
   □ No   □ Yes – Give approx. dates/details:

9. Are you allergic to any of the following? [Please list all allergies and describe nature and severity of reaction]
   a) medications  
   □ No   □ Yes – Describe: __________________________________________
   b) foods  
   □ No   □ Yes – Describe: __________________________________________
   c) insect bites  
   □ No   □ Yes – Describe: __________________________________________
   d) other  
   □ No   □ Yes – Describe: __________________________________________
   e) Do you carry an Epi-pen?  
   □ No   □ Yes – For which allergies? _________________________________

**Please list medications needed to control the reaction in the above section (#5).**
<table>
<thead>
<tr>
<th>Question</th>
<th>Check One</th>
<th>Describe Details if Answer is Yes</th>
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</thead>
<tbody>
<tr>
<td>10. Do you smoke or use other tobacco products?</td>
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<tr>
<td>11. Have you had or do you have a substance abuse problem (alcohol, drugs, etc.)?</td>
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<tr>
<td>12. Do you have problems with vision or hearing?</td>
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<tr>
<td>13. Do you experience motion sickness?</td>
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<tr>
<td>14. Do you have a history of high blood pressure or hypertension?</td>
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<tr>
<td>15. Do you have a history of cardiovascular disease or conditions (valve disorder/heart murmur, angina)?</td>
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<tr>
<td>16. Do you have asthma? Has it been stable for the past year?</td>
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<tr>
<td>Do you take medications for your asthma?</td>
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<tr>
<td>17. Have you had or do you have ulcers, or other significant stomach/intestinal problems?</td>
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<tr>
<td>18. Do you require a special diet? (Please list what you do not eat.)</td>
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<tr>
<td>19. Do you have any eating disorders: anorexia, bulimia?</td>
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<td>20. Have you had hepatitis?</td>
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<td>21. Have you had jaundice?</td>
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<tr>
<td>22. Do you have chronic bladder infections, difficulty with urination, bedwetting, or other bladder or kidney problems?</td>
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<tr>
<td>23. Do you have a seizure disorder? List medications and dosages in #5.</td>
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<tr>
<td>24. Do you suffer from severe headaches, dizziness or fainting?</td>
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<tr>
<td>25. Have you ever had a brain injury requiring treatment?</td>
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<tr>
<td>26. Do you have problems with your neck, back, arms, shoulders, ankles or knees that limit your activities?</td>
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<tr>
<td>27. Do you have any bleeding problems or blood disorders?</td>
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<tr>
<td>28. Do you have diabetes, hypoglycemia, thyroid trouble or other endocrine conditions?</td>
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<tr>
<td>29. Do you have chronic skin problems (rashes, sun sensitivity, etc.)?</td>
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<tr>
<td>30. Have you had frostbite, a significant reaction to cold temperatures, or other circulatory problems?</td>
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</tbody>
</table>
31. Have you suffered from heat exhaustion or had other significant reactions to warm temperatures?  
☐ No  ☐ Yes – Explain and describe severity: ________________

32. Does your health prevent you from participating in any physical activities?  
☐ No  ☐ Yes – Explain: ________________

33. Do you have any communicable diseases?  
☐ No  ☐ Yes – Please indicate the nature of the disease: ________________

34. For females: Are you pregnant?  
☐ No  ☐ Yes – Due Date: ________________

35. For females: Do you have premenstrual or menstrual problems?  
☐ No  ☐ Yes – Describe: ________________

36. Do you have a learning disability?  
☐ No  ☐ Yes – Please describe: ________________

37. Have you ever seen a psychiatrist, psychologist or psychotherapist?  
☐ No  ☐ Yes

If “YES”:  
Are you currently under treatment?  
☐ No  ☐ Yes

Have you been under treatment within last two years?  
☐ No  ☐ Yes

Reasons for treatment:
☐ Family Issues ☐ Relationship Issues ☐ Attention Deficit Disorder ☐ Conduct/Behaviour Disorder
☐ Eating Disorder ☐ Substance Abuse ☐ Depression/Mood Disorder ☐ Psychiatric Hospitalization
☐ Self-Harm ☐ Attempted Suicide
☐ Anxiety Disorder (panic disorder, claustrophobia, agoraphobia, acrophobia, social anxiety, other…)
☐ Other [describe] 

Name of therapist so we may contact ________________ Phone (______) 

Please provide written permission to your therapist so that we may contact him/her. Have you done so? Yes ☐ No ☐

38. What is your swimming ability? (It is strongly recommended that ALL participants be able to swim at least 100m)  
☐ Non-swimmer ☐ Can swim at least 100m without a lifejacket ☐ Strong Swimmer

Non-swimmers: are you comfortable (i.e. will not panic) in deep water while wearing a lifejacket or PFD? Yes ☐ No ☐

39. Please describe in detail what you do routinely to maintain an active lifestyle (mention activities and frequency): ________________

40. If you are over 30 years of age do any of the following conditions apply to you? Please check the following if applicable:  
☐ high blood pressure ☐ smoke one or more packs of cigarettes daily ☐ diabetes
☐ long-term sedentary lifestyle ☐ overweight or obesity ☐ previous cardiovascular disease

Consent is hereby given for the applicant to attend an OUTWARD BOUND course and permission is given for any emergency anesthesia, operation, hospitalization or other treatment that might become necessary. I understand that the program involves physically and mentally strenuous activity in a remote wilderness area far removed from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in OUTWARD BOUND. I realize that failure to disclose such information could result in serious harm to myself and my fellow participants and agree to indemnify and hold OUTWARD BOUND harmless if all relevant information is not disclosed.

Applicant’s Name (please print) ________________

Date ________________  Applicant’s Signature ________________  Signature of Parent or Guardian (if under 18 years of age) ________________