

# Skipjack Nathan of Dorchester Volunteer Application



The Skipjack Nathan of Dorchester is a  
U.S. Coast Guard inspected and licensed passenger carrying vessel.  
All volunteers are accepted provisionally and receive extensive training.

## General Information

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate (Month/Day): \_\_\_\_/\_\_\_\_  I am an adult volunteer, age 18 or older  I am under age 18

## Your Background

Current or former occupation or title: \_\_\_\_\_

Retired Work duties/experience: \_\_\_\_\_

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

## Emergency Contact Information

Person to contact in an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, physical ailments or limitations we should be aware of in case of an emergency:

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

Note: All on-the-water trainees must meet organizational fitness requirements. Sail crew must have a current doctor's certificate of fitness and are subject to Department of Transportation drug testing. Docent trainees must attest to their physical fitness.

## Tell Us More

What do you want to get out of your volunteer experience? \_\_\_\_\_

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

How did you learn about our volunteer program? \_\_\_\_\_

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

Interests or hobbies: \_\_\_\_\_

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

**Please select all areas where you are interested in volunteering.**

All volunteers receive training based on their background and abilities.

**Administrative**

- Passenger Services (sails & charters scheduling and reservations)
- Marketing
- Public Relations
- Graphic Design/Website Management

**Operations**

- Boat maintenance / Carpentry
- Painting
- Engine maintenance & repair

Any other information you care to add that may help us enhance your volunteer experience with us:

---



---



---



---

**Special Events**

- Event planning & implementation

**On The Water**

- Sail Crew
- Docent

Your sailing experience:  Extensive  Casual  Little or none

Do you have a Maryland Safe Boater Certificate or equivalent?  Yes  No

Do you have First Aid/CPR certification?  Yes  No If yes, expiration date: \_\_\_\_\_

Are you a licensed captain?  Yes  No If yes, license type: \_\_\_\_\_

**Days and times when you can volunteer on the Skipjack Nathan:** (or check here  if your schedule is flexible)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We make several overnight trips. Are you available for any three- to five-day trips?  Yes  No

Can you volunteer several times during the week?  Yes  No

**The Next Step**

Return your completed application to us. If using the online fillable form, please save the completed form to your computer and email it to us at info@skipjack-nathan.org, or mail it to the address below. Our Volunteer Coordinator will contact you to discuss matching your skills, interests and schedule with our current needs.

**Thank you for your interest in the Skipjack Nathan of Dorchester.**

**We look forward to sailing with you!**

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Dorchester Skipjack Committee, P.O. Box 1224, Cambridge, MD 21613

Email to: info@skipjack-nathan.org

Website: www.skipjack-nathan.org Phone: 410-228-7141

Committee Use Only:  Interview  Orientation Information Provided

Special Training:  Basic Orientation;  CPR;  Crew;  Docent;  Other, specify \_\_\_\_\_