

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.

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

I am an adult volunteer, age 18 or older. Birthday:(Month/Day): _____

I am under age 18 Parent Name: _____

Tell Us More

What is your background in your current or former occupation or title and experiences:

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

What is your availability? Daytime _____ Weekends _____ Weekdays _____

How would you like to help(check all that apply):

- | | | |
|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Crew | <input type="checkbox"/> Social | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Administrative | |

Thank you for your interest in the Skipjack Nathan! The Next Step is to return your completed application. 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**.

A volunteer will contact you to discuss matching your interests and help get you involved.

Volunteer signature: _____

Date: _____

OFFICE: CPR _____ Boaters safety _____ Fitness _____ Drug _____

Mail: Dorchester Skipjack Committee, PO Box 1224, Cambridge, Maryland 21613

Phone: 410-228-7141