



Thank you for your interest in volunteering at our 2023 Sailing Camp at the US Sailing Center – Martin County.

Please complete and submit your Employment Application to Hunter Sorensen, Camp Director, via email: Hunter@usscmc.org

INFORMATION:

Name: _____ Email: _____

Mailing Address: _____

Phone Number: _____

Have you previously been employed by the USSCMC? Yes _____ No _____

I am seeking employment (please check desired commitment):

Full-time _____ Part-time _____
 (7 weeks or more) (6 weeks or less)

SCHEDULED SHIFTS: Monday – Friday
Opti/Dinghy: 8am to 4pm Little Skippers: 8am to Noon

Which of the ten weeks are you available to work, if needed?

| | | | |
|---------------------------------|-------|------------------------------|-------|
| Week One (mini) (May 30-June 2) | _____ | Week Six (July 10-14) | _____ |
| Week Two (June 5-9) | _____ | Week Seven (July 17-21) | _____ |
| Week Three (June 12-16) | _____ | Week Eight (July 24-28) | _____ |
| Week Four (June 19-23) | _____ | Week Nine (July 31-August 4) | _____ |
| Week Five (June 26-June 30) | _____ | Week Ten (mini) (August 7-9) | _____ |

CERTIFICATIONS & SAILING EXPERIENCE:

What is your highest level of sailing certification? _____ Expiration Date (Mo./Yr.): _____

Do you have a valid CPR certification? Yes _____ No _____

Do you have a valid First Aid certification? Yes _____ No _____

Have you completed [Safe Sport Training?](#) Yes _____ No _____

If hired, do you agree to submit to a background screening? Yes _____ No _____

What is your shirt size? _____

Would you like to pay \$25 for a hooded camp shirt? Yes _____ No _____

Would you like to be considered for a Head Instructor position? Yes _____ No _____

Please attach copies of certificates

Please list the types of sailboats with which you have considerable experience:

INSTRUCTOR OR COACHING EXPERIENCE:

Please list organization(s), dates, job(s) performed, and, if applicable, a supervisor for reference.

VOLUNTEER EXPERIENCE:

Please list organization(s), dates, job(s) performed, and, if applicable, a supervisor for reference.

SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____